

2016
Version 1

AIR FORCE WOUNDED WARRIOR (AFW2)

STANDARD OPERATING PROCEDURES (SOP)

RECOVERY CARE COORDINATION PROCESS

August 2016

The purpose of this SOP Guide is to assist the Air Force Wounded Warrior Recovering Care Coordinators, Non-Medical Care Managers, and support staff to understand internal processes and procedures involved with Recovery Care Coordination. This guide is not intended to repeat policies or procedures that are described in other sources referenced on the bottom of page 4 of this guide.



AF Wounded Warrior (AFW2) Program Table of Contents

Introduction.....	Page 4
Figure 1. Continuum of Care.....	Page 5
Guideline 1. Wounded, Ill and Injured (WII) Cell Enrollment Requirements.....	Page 8
Guideline 2. AFW2 Application of DoD/VA’s IC3 & Lead Coordinator.....	Page 9
Figure 2: Caregiver Program Referral Email Template.....	Page 1
Figure 3. Internal Case Transfer Preparation Checklist (RCC to NMCM).....	Page 14
Guideline 3. IC3/Lead Coordinator & Transfer Procedures with the VA.....	Page 15
Guideline 4. Change of Case Assignment from One Region to Another.....	Page 15
Guideline 5. Case Management of RSMs Returned to Duty with Limitations	Page 17
Guideline 6. Case Management of RSMs Returned to Duty without Limitations.....	Page 17
Guideline 7. Management of TDRL Cases.....	Page 18
Guideline 8. Air Force Reserve (AFR) and Air National Guard (ANG) processes.....	Page 19
Guideline 9. Dual Action Process.....	Page 20
Guideline 10. Inactivation of AFW2 Cases.....	Page 21
Guideline 11. One Minute Assistance.....	Page 21
Guideline 12. Monthly Veterans Tracking Application Review Requirements.....	Page 23
Guideline 13. 9W RI Assignment Instructions.....	Page 24
Figure 4. AFW2 Reporting Identifier Descriptions.....	Page 25
Figure 5. PCM/MHP Memorandum used to Validate 9W200/92W2 RIs.....	Page 26
Guideline 14. DoD-CMS Mandatory Update Requirements.....	Page 27
Guideline 15. Federal Recovery Coordination Program Referral.....	Page 38

Figure 6. Federal Recovery Coordination (FRC) Referral Form.....	Page 39
Guideline 16. Sustainment Procedures.....	Page 40
Guideline 17. ROEs for SOCOM Airmen enrolled in AFW2.....	Page 42
Guideline 18. Special Compensation for Assistance with Activities of Daily Living.....	Page 43
Figure 7. SCAADL Worksheet.....	Page 47
Guideline 19. PII Release Requirements.....	Page 48
Figure 8. DD Form 2870, Authorization for Disclosure of Medical or Dental Info.....	Page 49
Figure 9. PII Disclosure Statement.....	Page 50
Guideline 20. AFW2 Care Manager/PEBLO Communication ROEs.....	Page 51
Guideline 21. AFW2's Role - Base Housing Inspection Notifications.....	Page 51
Guideline 22. Assisting Combat Related RSMs w/ Recouping Remaining SRB.....	Page 51
Guideline 23. RCC/NMCM Employment Assistance.....	Page 53
Figure 10. Employment Opportunities.....	Page 55
Figure 11. Employment Assessment Worksheet.....	Page 57
Guideline 24. Comprehensive Needs Assessment (CNA).....	Page 58
Figure 12. Suggested CNA Talking Points.....	Page 60
Guideline 25. Weekly War Requirement/Template.....	Page 62
Guideline 26. AFW2 Case Management Assessment Checklist.....	Page 64
Figure 13. Transfer Post 9-11 GI Bill Education Benefits Fact Sheet.....	Page 80
Figure 14. Acronyms.....	Page 81
Figure 15. AFW2 Directory – Care Management.....	Page 84
Figure 16. AFW2 Directory – Management, Support, & Program SMEs.....	Page 85

AF Wounded Warrior (AFW2) Program Introduction

Revision History – Projected for review/revision 1 Dec 2016.

Date of Revision (s)	Revision to this Document since 1 Aug 16
25 Aug 2016	<i>Major updates to made to Guideline 14, DoD CMS Mandatory Update Requirements, pages 26-38 (highlighted in yellow).</i>
26 Aug 2016	<i>Added Figure 6, Federal Recovery Coordination Referral Form</i>
29 Sep 2016	<i>NMCM responsibilities regarding benefits/entitlements counseling, Guideline 2, step 14</i>
29 Sep 2016	<i>Updated AFW2 Directory, Figures 15 & 16</i>
12 Oct 2016	<i>Caregiver Program Requirements, Guideline 2 & Figure 2</i>
17 Oct 2016	<i>Federal Recovery Coordination Referral Request requiriements</i>

1. INTRODUCTION:

The Air Force (AF) Recovery Coordination Program (RCP) encompasses all non-medical support to seriously wounded, ill, and injured (WII), also referred to as Recovering Service Members (RSMs), and their families and/or caregivers. This includes all AF policy and program development efforts initiated by the AF Warrior and Survivor Care Branch (A1SAZ) as well as all operational programs managed by the AF Personnel Center (AFPC) Warrior Care Division (DPFW). This Standard Operating Procedures (SOP) Guide applies to Active Duty AF, Air National Guard (ANG), and AF Reserve (AFR) RSMs who are seriously WII and enrolled into the AF Wounded Warrior Program (AFW2). Throughout this guide, the term RSM applies to any AF RSM, regardless of component affiliation. All RCP assets will be made available to enrolled RSMs and their families in need. This guide is NOT authoritative. The authority remains in the underscored Department of Defense Instructions (DoDI) and AF Instructions (AFIs) listed below in paragraph 4.

2. OFFICE OF PRIMARY RESPONSIBILITY (OPR):

- AF Warrior Care (AFPC/DPFW)

3. TARGET AUDIENCE:

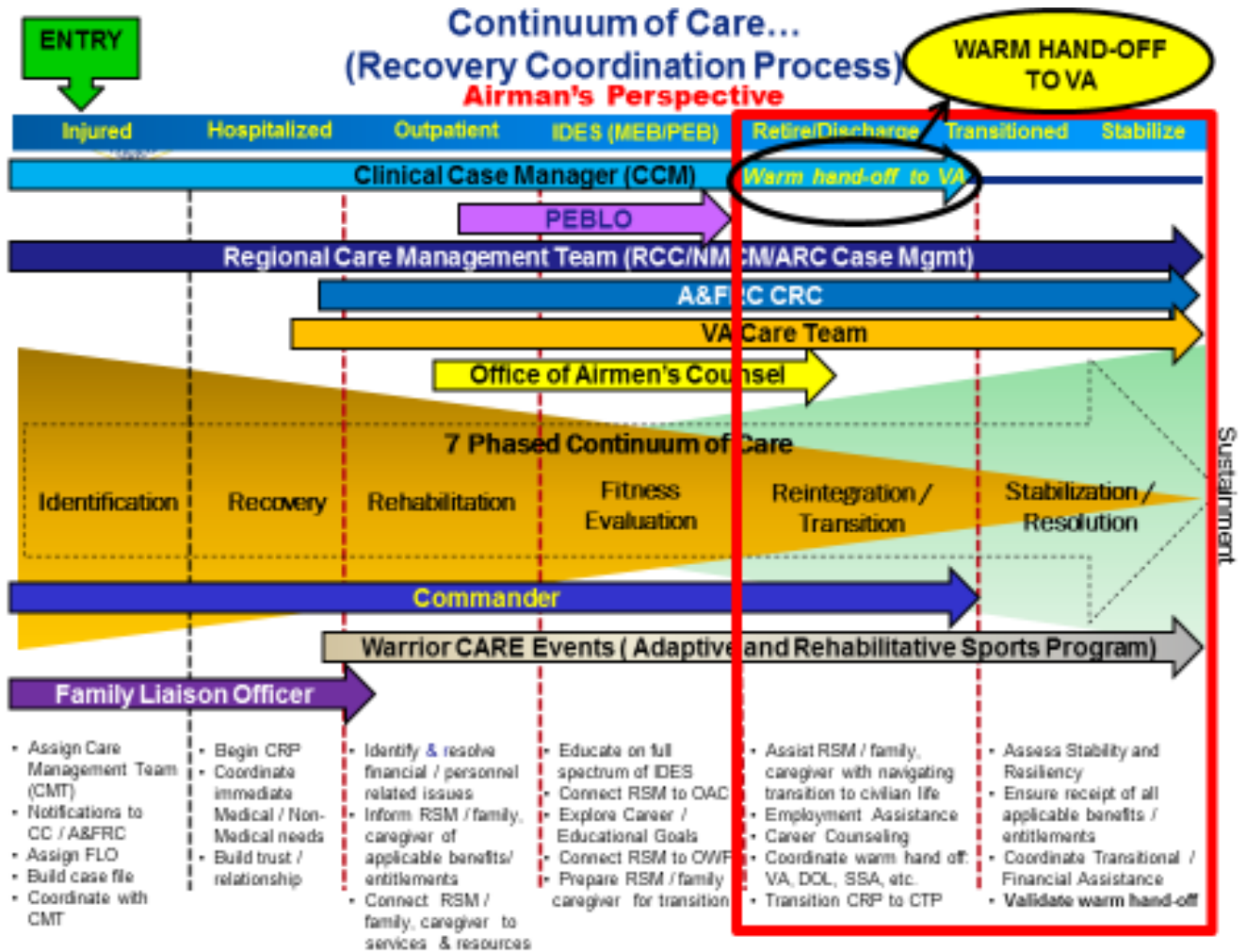
- AFW2 Case Management Coordinators:
 - Region Team Leads (RTLs)
 - Nonmedical Care Managers (NMCMs)
 - Recovery Care Coordinators (RCCs)
 - Regional Program Managers (RPMs)
 - AFW2 Support Staff

4. REFERENCES/RELATED PROCESSES:

- [DoDI 1300.24](#), *Recovery Coordination Program*
- [AFI 34-1101](#), *Warrior and Survivor Care*
- [AFI 90-201](#), *The AF Inspection System*
- *AFW2 Handouts 1 & 2* (Located in DoD-CMS Folder)
- *AFW2 Assessment Checklist* (Located in DoD-CMS Folder)

AF Wounded Warrior (AFW2) Program Continuum of Care

Figure 1. AFW2 Continuum of Care



The seven phases that are used anticipate the needs of the RSM and their family and/or caregiver. Family members and/or caregivers play an important role in a RSM's recovery and transition. They provide emotional support and stability, and assist the RSM in navigating available transition benefits and programs. The AF defined continuum of care phases are:

Identification. After initial enrollment into AFW2, the WII Cell will select the Lead Coordinator (LC) based on what point in the continuum of care the RSM is being enrolled, the base the RSM is assigned, or where the RSM resides or is receiving medical treatment. At the same time, the WII Cell assigns a Care Management Team (CMT) for each RSM, and provides them and AF Medical Operations Agency (AFMOA) all the initial/available information for the case, before building the Department of Defense-Case Management System (DoD-CMS) case. After the LC is assigned, the LC (normally RCC except for late arriving Disability Evaluation System (DES) cases) will make contact with the RSM within 3 calendar days of assignment, then conduct an initial assessment of the RSM and family's needs, collaborate with the CMT, and document in DoD-CMS within 5 duty days of assignment.

Recovery and Treatment. In this phase, RSMs are in inpatient status. The LC during this phase, normally the CCM, will coordinate the efforts of the CMT members. The CMT will coordinate prioritized medical and non-medical support and services, and the RCC will begin development of the Interagency Comprehensive Plan (ICP), or as the AF calls it the Comprehensive Recovery Plan (CRP). The LC role will transition between CMT members based on case primacy and the need for coordination. The LC role is based on circumstances involved in the case and the CMT will determine the process and timing for transition.

Rehabilitation. In this phase, RSMs are in an outpatient status. RCCs normally serve as LC. When a RSM is in rehabilitative care and reaches a point where optimal medical benefit is achieved, the CMT coordinates with the RSM and their family and/or caregiver to develop a plan of action to RTD or transition into the civilian community depending on the medical diagnosis. Additionally, the CMT will continue to monitor the RSM and their family and/or caregiver needs; resolve issues (medical, financial, personnel, logistical), and assist with locating services and resources as needed.

Fitness Evaluation. In this phase, RSMs are undergoing a Medical Evaluation board (MEB)/Physical Evaluation Board (PEB). The CMT, working with the appropriate SMEs including the Physical Evaluation Board Liaison Officer (PEBLO), will educate the RSM and their family and/or caregiver on the full spectrum of the Integrated Disability Evaluation System (IDES) and provide sound guidance and direction based on RSM's goals. While the RCC serves as LC, both the RCC and NMCM actively advocates for the RSM, monitors the evaluation process, ensure personnel policies are afforded as applicable, explores career and education goals, assesses financial wellness, and assists the RSM and their family and/or caregiver with their transition goals.

Reintegration/Transition. In this phase, RSMs have received/concurred on the final decision from the PEB. Throughout this process, the CMT continues to assess the RSM's needs and adjusts services to ensure the RSM and their family and/or caregiver is afforded applicable services. Once the RSM received their separation or retirement orders, the LC is transferred from the RCC to the NMCM. Later, as the LC, the NMCM's will provide hand-offs to outside agencies (VA, Department of Labor (DoL), and community resources).

Stabilization/Resolution. In this phase, RSMs are Returned to Duty (RTD), separated, or retired and have reintegrated back into their military role or into the civilian community. The CMT will continue to foster resilience, independence, and stability with the RSM. The RCC will follow up through DoD-CMS on all those RSMs RTD that still have medical limitations impacting their duty performance, to include medications. The RTL will coordinate with the VA MSC to ensure that all applicable entitlements and benefits are applied for, as well as following up with the applicable

Subject Matter Experts (SMEs) to ensure transitional financial assistance is available for eligible RSMs and troubleshoot retired pay account issues. The goal is to ensure that all benefits and entitlements are assured within 6 months after the RSM leaves military service.

Sustainment. In this phase, RSMs have successfully reintegrated, achieved stability, and have been either RTD without any medical or physical limitations or made fully aware of all applicable benefits and entitlements. A final assessment will be completed to confirm resilience, independence, and stability. The AFW2 program will continue to provide outreach services by leveraging technology and social media. RSMs are considered “Airmen for Life” and have reach back capability to obtain assistance with issues or concerns at any time.

Guideline 1. Wounded, Ill and Injured (WII) Cell Enrollment Requirements. This Guideline provides a detailed description of the individual processes required to enroll a RSM into the AFW2 Program. (Program SME: Mr. Doug Butler, DSN 665-2480, douglas.butler.1@us.af.mil)

STEP	ACTION OWNER	NARRATIVE
1	Referral Agency	If a referral agency identifies a potential AFW2 to the WII Cell via WII Referral Worksheet, the WII Cell will do the following:
2	WII Cell	WII Cell will review the referral worksheet and forward to the Referral Voting Panel which consists of the Regional Program Manager (RPM), Clinical Case Manager (CCM), and RCC.
3	CMT	Determine if RSM meets criteria for enrollment in the AFW2 program. If the RSM does meet the criteria: See Step 4. If the RSM does not meet the criteria: See Step 6.
4	RTL	If approved, identify to WII Cell who is assigned as the LC, Phase of Care of the RSM, and the Reporting Identifier (RI) on the WII Referral Worksheet.
5	WII Cell	If a RSM is identified via: 1. Casualty Morning Report (CMR) and is either VSI or SI -OR- 2. DES identifies to the WII Cell cases that meet criteria for enrollment, the WII Cell will do the following: WII Cell will follow Step 4 and assign to the region team (LC & NMCM) where the RSM is receiving treatment (primary), or where the RSM is physically located.
6	WII Cell	If case does not meet criteria, notify the referring individual the RSM is not approved for enrollment.
7	WII Cell	<i>Update.</i> 1. AFFIRST - Edit "Customer" Tab, select Wounded Warrior 2. Upload. Upload WII Referral, vRED and MilPDS SURFs and any other pertinent documents to DoD-CMS case in "Attachments" and 3. Notify RCC
8	WII Cell	Notify Commander, and each RSM of CMT - RCC, CCM and NMCM via email message.
9	WII Cell	If medical authority deems RSM is VSI/SI, request Family Liaison Officer (FLO). Emergency Family Member Travel (EFMT) if required for VSI/SI if authorized by a medical authority.
10	WII Cell	<i>Category (CAT) 3 Notifications.</i> If the RSM is identified as a "Category 3" in the WII Referral Worksheet, contact RTL to determine if a Federal Recovery Coordinator (FRC) referral is appropriate.

Guideline 2. AFW2 Application of DoD/VA’s Interagency Care Coordination Committee (IC3) & Lead Coordinator (LC): This Guideline implements AFW2’s way forward as it pertains to DoD/VA’s IC3 and LC implementation/concept.

STEP	ACTION OWNER	NARRATIVE
1	WII Cell	Once it is determined that a RSM is enrolled into the AFW2 Program the following steps will occur:
2	WII Cell	On VSI/SI and DES enrollments, the WII Cell will select the appropriate Regional Care Management Team based where the RSM is physically located. The WII Cell will then create the case in DoD-CMS, to include attaching SURFs and vRED documents, as well as updating AFFIRST and the appropriate Reporting Identifier (RI) code in MilPDS (see Guideline 13). On referrals, the Lead Care Manager will notify the WII Cell on who will be assigned as the LC on the referral form. Lastly, when activating a case that was previously categorized as a One Minute Assistance (OMA), the WII Cell will remove the OMA designation (in Category Assignment area, remove check from Secondary Program Association).
	NMCM/RCC	<p>Specifically Regarding DES Cases, the LC assigned by the WII Cell will normally be the NMCM, while the RCC will take a secondary role.</p> <p>Important: As the AFW2 program "boots on the ground" representative, the RCC will make simple face-to-face contact with the RSM NLT 3 duty after enrollment. When face-to-face is not feasible, telephone or email contact will suffice. This introduction with late enrollment RSMs ensures they understand their RCC is available to assist them with local needs should they come up.</p> <p>On DES Cases, the NMCM is expected to contact the RSM within 3 duty days to assess their current needs and determine way forward. The NMCM will conduct an initial Comprehensive Needs Assessment (CNA) NLT 5 days of WII Cell notification of enrollment into AFW2 program.</p>
3	LC	<p>The AFW2 LC will make contact with each enrolled RSM within 3 duty days of assignment. When applicable, the LC “must” make sure the spouse/caregiver is part of the initial and future contacts. Update caregiver information in DoD-CMS if it is determined that RSM has a caregiver (stipend or non-stipend).</p> <p>Additionally, if it is determined that RSM has a caregiver, the LC will send an email to the Caregiver Program Manager attaching the word document templates at Figure 2 (fully filled out Caregiver Program Referral & Meet Your Care Management Team).</p> <p>Once the AFW2 Caregiver Program Manager/Coordinator receives the email, they will personally reach out to the caregiver and grant access to the Caregiver Facebook Closed Group. This notification should also contain information as it pertains to the caregiver that would be helpful for the Caregiver Program Manager to know, such as the caregiver’s own medical or non-medical needs, employment goals, or personal concerns.</p>

		<p>In-turn, the Caregiver Program will reach out to the caregiver, send them a Welcome Letter, and educate them on the “Linking Individuals into a Network of Care” (LINC) Mentorship Program.</p> <p>Note: Care Managers should continue to make every effort to build a trusting relationship with the caregiver and keep them informed throughout the entire recovery process, to include ensuring coordination of the caregiver’s medical and non-medical (financial, administrative, personnel, & logistic problems) needs, briefing them on all RSM benefits & entitlements, as well as providing them a hard copy of the CRP upon completion and whenever changes are made to the document. Ensure caregivers are aware and given the opportunity to participate in AFW2 C.A.R.E events, scheduled PEER Forums, or other events held for spouses at the local level. Care Managers should help the Caregiver Program Manager identify caregivers who could serve in a caregiver mentorship role or need assistance from another Caregiver LINC mentor as a mentee. (Program SMEs: Ms. Tonya McGough, DSN 665-5326, tonya.mcgough@us.af.mil, or Ms. Kelli Williams, 665-4410, kelli.williams@us.af.mil).</p>
4	LC	<p>- Care Managers will provide the current year <u>Caregiver Resource Directory</u> to both the RSM and caregiver as this document provides a multitude of available networks and resources to assist them. Regional Peer Support Coordinators can provide hardcopy versions.</p> <p>- Also ensure the RSM & caregiver are aware of the following additional resources:</p> <ul style="list-style-type: none"> - National Resource Directory (NRD) www.NRD.gov - AFW2 Website: http://www.woundedwarrior.af.mil
5		<p>At the appropriate time, Care Managers should provide <u>AFW2 Handout 1</u> as a tool to counsel/assist the RSM/Caregiver during the initial stages of recovery.</p> <p>- At the appropriate time, Care Managers should provide <u>AFW2 Handout 2</u> as a tool to counsel/assist the RSM/Caregiver at the time it’s determined the RSM is likely to transition from military to civilian status.</p> <ul style="list-style-type: none"> • Note: Both Handouts can be found on the AFW2 SharePoint site: https://cs3.eis.af.mil/sites/23490/default.aspx
6	NMCM	<p>The LC will thoroughly populate and validate data in the DOD-CMS fields as instructed on the DOD-CMS Mandatory Update Requirements (see Guideline 14). This includes updating the DoD Team contact listing. CM is reserved for the RCC, NMCM information is also filled in at the appropriate area. Ensure the current “LC” box is checked appropriately, and then changed as the LC changes.</p>
7	RCC/NMCM	<p>AFW2 RCC/NMCM will conduct an initial Comprehensive Needs Assessment (CNA) of the RSM and family's needs, within 5 duty days and collaborate with the CMT NLT 15 (duty days if applicable). Document CNA’s in DoD-CMS using the Comprehensive Needs Assessment (CNA) checklist or Comprehensive Recovery Plan (CRP).</p>
8	RCC	<p>Will initiate the RSM and family ICP (AF Version: Comprehensive Recovery Plan (CRP) within 15 days of WII Cell notification of enrollment into AFW2 program.</p>

9	RTL	When RCCs serving in the LC role are unable to assist RSMs as result of temporary absences away from the office, the RTL will determine appropriate course of action to manage a RSM's non-medical care. This includes considering assigning another case manager to back up the RCC during periods of absence.
10	RCC	RCCs serve as the LC until they facilitate a warm hand-off with the AFW2 NMCM. This occurs at the time the RSM receives separation or retirement orders.
11	RCC/NMCM	RCCs or NMCMs will notify A&FRC either in writing or by phone for all RSMs whose medical needs require one-on-one assistance.
12	RCC	The warm hand-off consists of the following: the RCC will fill out the Case Transfer Preparation Checklist (Figure 2), then call the applicable NMCM using the checklist to assist the discussion/change of LC role
13	RCC	<p>After the discussion, the RCC will note the LC change and attach the completed checklist in DoD-CMS. Before turning case over to NMCM, RCCs will work with either the RSM or the NMCM to ensure at minimum a copy of the AF Form 356 and separation/retirement orders are attached in DoD-CMS and all applicable fields are updated.</p> <p>Note: While the LC changes from RCC to NMCM at time of retirement/separation, the RCC may still be called upon to assist RSM as needed. Both RCCs and NMCMs are expected to use the CRP as the single source to guide and document RSMs and family members through the recovery process. Both should also refer to the AFW2 Checklist found in Guideline 26 as an additional source to ensure all areas are covered as the RSM travels through the Continuum of Care.</p>
14	NMCM	Once the NMCM officially becomes the LC, they must reach out to the RSM within 3 duty days.
15	NMCM	<p>During the Reintegration & Transition Phase of Care, it is very important that NMCMs make benefits and entitlements (b/e's) a cornerstone in their counseling each time they engage with the RSM and/or caregiver, especially those that involve future finances. RSMs & their family members cannot properly plan for their future without proper counseling by the LC. Ensure RSMs/families are aware of what b/e's they are entitled too, to include AF length of service pay if eligible (concurrent receipt (CRDP), VA pay, how VA offset works, what their responsibilities are in applying for b/e's, and when they should expect to receive them. Use DFAS inquiries/SURFs to assist in this process. NMCM will ensure retired pay account is established and projected properly NLT 10 days prior to effective date (20th day after retirement effective date). NMCMs will properly document the above in DoD CMS, to include actual pay comps provided to the member. Example:</p> <ul style="list-style-type: none"> - AF Pay: \$364.00 (received) - AF Pay: \$2552.52 (received) - VA Pay: \$3348.64 (1 Oct 16) - SBP Deduction: \$177.48 (spouse/child)

Figure 2: Caregiver Program Referral & Meet Your Care Management Team Templates

Caregiver Program Manager/Coordinator,

The following individual is providing support to an AFW2 Recovering Service Member (RSM) recently entered into our program and based on my initial contact may meet the eligibility requirements for the Caregiver Program. Contact and pertinent information regarding this case is listed below, to include the completed “Meet Your Care Management Team” contact sheet. I As the Lead Coordinator (LC) I am aware that the Caregiver will not be enrolled into the program unless the entire Referral Request and Contact Sheet is filled out.

Caregiver Name (First, MI, Last):

Caregiver’s Relationship/Association to RSM (i.e., spouse, parent, relative, friend):

Caregiver Email:

Caregiver Cell Phone Number:

Caregiver Home Phone Number:

Mailing Address:

NOTE: The information above has been updated and is reflected in DoD-CMS.

RSM (Name, Rank, Base):

Children (sex/name/age):

Is the family receiving SCAADL? (Yes/No) If yes, automatic approval.

Is the family receiving VA Caregiver? (Yes/No) If yes, automatic approval.

If the family is not receiving a stipend (SCAADL/VA Caregiver) please provide a brief synopsis as why the individual should be considered for entry into the Caregiver Program (how the individual assist the RSM on a daily basis). Individuals in this category will be approved/disapproved, based on review of the application, on a case-by-case basis by the Caregiver Program Manager and the Warrior Care Support Branch Chief.

Immediate Needs Assessment:

Long term Needs Assessment:

Meet Your Care Management Team

AFW2 Recovery Care Coordinator (RCC):

Name:

Email:

Contact Number

AFW2 Non-Medical Care Manager (NMCM):

Name:

Email:

Contact Number:

AFW2 Caregiver Program Manager (CGPM):

Name: Tonya D. McGough

Email: tonya.mcgough@us.af.mil

Contact Number: 210-565-5326

Peer Support Coordinator (PSC):

Name:

Email:

Contact Number:

Military Family Life Consultant (MFLC):

Name:

Email:

Contact Number:

Airman & Family Readiness Center (A&FRC):

Name:

Email:

Contact Number

Physical Evaluation Board Liaison Officer (PEBLO):

Name:

Email:

Contact Number:

Medical Case Manager (MCM):

Name:

Email:

Contact Number

Figure 3. AFW2 Internal Case Transfer Preparation Checklist (RCC to NMCM).



AFW2 Internal Case Transfer Preparation Checklist

RCC to NMCM

RSM Name: Last, First MI **DOS:** [Click here to enter a date.](#) **Date:** [Click here to enter a date.](#)

TDRL PDRL DWS AF Disability: --- VA Disability: ---

COMBAT NON-COMBAT

1. Is the Final AF Form 356 attached to the DoD-CMS Case File?
 YES NO N/A **Comments:**[Click here to enter text.](#)
2. Is the TDRL/PDRL Ret Orders or AF Form 100 attached to the DoD-CMS Case File?
 YES NO N/A **Comments:** [Click here to enter text.](#)
3. Is the VA Proposed Disability Rating Letter attached to the DoD-CMS Case File?
 YES NO N/A **Comments:**[Click here to enter text.](#)
4. Has the RSM completed TAP and PreSep Counseling?
 YES NO N/A **Comments:**[Click here to enter text.](#)
5. Is the RSM interested in school?
 YES NO N/A **Comments:**[Click here to enter text.](#)
6. Is the RSM interested in employment?
 YES NO N/A **Comments:**[Click here to enter text.](#)
7. Has the RSM been briefed and applied for Social Security Disability if eligible?
 YES NO N/A **Comments:**[Click here to enter text.](#)
8. Is the DD Form 2656, SBP Election Form, attached to the DoD-CMS Case file?
 YES NO N/A **Comments:**[Click here to enter text.](#)
9. Is the RSM forwarding address and phone number updated in the DoD-CMS Case File?
 YES NO N/A **Comments:**[Click here to enter text.](#)
10. Is the RSM accommodating in receiving AFW2 assistance?
 YES NO N/A **Comments:**[Click here to enter text.](#)
11. Do you have any concerns regarding RSM's financial well-being?
 YES NO N/A **Comments:**[Click here to enter text.](#)
12. Does RSM have/need a caregiver?
 YES NO N/A **Comments:**[Click here to enter text.](#)
13. Has RSM shown an interest in participating in AFW2 C.A.R.E. or ASRP events?
 YES NO N/A **Comments:**[Click here to enter text.](#)
14. Has the LC Checklist been transferred from RCC to NMCM, and is CRP ready for NMCM to print and send to the VA?
 YES NO N/A **Comments:**[Click here to enter text.](#)
15. If RSM has been found as combat related, is he/she eligible for unpaid portions of SRB?
 YES NO N/A **Comments:**[Click here to enter text.](#)
16. RCC [Click here to enter text.](#) in this case called the NMCM [Click here to enter text.](#) and provided a WARM HANDOFF, discussing the case via telephone on the following date: [Click here to enter text.](#) , providing the above information as well as relaying unique or important need to know circumstances/issues regarding either the RSM or this case.

****Case Transfer is completed at time RSM receives separation/retirement orders***

Guideline 3. IC3/Lead Coordinator (LC) & Transfer Procedures with the Veteran Affairs (VA). This Guideline provides procedures required by AFW2 care managers under IC3 and procedures required for transferring LC roles to the VA for RSMs whose injuries or illnesses are classified as CAT 3 who have been enrolled in the Federal Recovery Coordination Program (FRCP).

STEP	ACTION OWNER	NARRATIVE
1	RCC	<p>Under IC3’s LC concept, except for those cases not identified until after PEB results have been released (DES Cases), the RCC will collaborate on the case formally with the IC3 CMT, consisting of the CCM or Health Care Integrator (HCI) (if no CCM), and NMCM by the 5th workday of case assignment. This collaboration effort will continue throughout the RSM’s recovery as directed by the LC.</p>
2	RCC/CCM/ NMCM	<p>The entire 3-page LC checklist will be used by both Clinical Case Manager (CCM) and AFW2 LC on <u>“CAT 3 Airmen who have been enrolled into the Federal Recovery Coordination Program”</u>.</p> <p>After opening a case in DoD-CMS:</p> <ul style="list-style-type: none"> - Select “LC Checklist” on left side just above the Print Forms area - Select “Edit” button on the top right side of the page - Check “applicable items” - Select “Save” on the bottom right side of the page <p>Note: Under IC3, normally CCMs serve as the LC while the RSM is hospitalized (Recovery Phase of Care). As they transfer out of inpatient care the LC will normally be transferred back to the RCC, all of which is documented in DoD-CMS.</p>
3	NMCM	<p>Under IC3 the entire CMT will collaborate together to facilitate the completion of the three page LC Checklist in DoD-CMS. At the time the RSM retires or separates from the AF, the LC, normally the NMCM, is responsible for the DoD/VA Transfer. Only Airmen whose injuries or illnesses are considered catastrophic (CAT 3 requiring an FRC) will require a formal warm-handoff with the VA, to include telephonic call and referral packet.</p> <p>Every DoD/VA transfer will consist of the following referral packet:</p> <ul style="list-style-type: none"> - LC Checklist (must be completely filled out) (found in the Print Forms area in DoD-CMS) - CRP (found from the Print Forms area in DoD-CMS) - AF Form 356 (found in Attachments area of DoD-CMS) - DD Form 214 and Ret Ord <p>Note: Ensure the VA Transition & Care Program Manager (TCM) or Liaison contact is updated in DoD-CMS</p> <ul style="list-style-type: none"> - Select “Enrollment” - Select “VA Team” tab - Select “Edit” button on the top right side of the page - Check “applicable items” (suggest VA Liaison) - Select “Save” on the bottom right side of the page

		Once the warm hand-off is complete, the NMCM will update the case notes in DoD-CMS with all pertinent information/actions taken pertaining to this paragraph.
4	NMCM	The NMCM will call either the VA Liaison or the TCM to establish a relationship, provide contact info, discuss the RSM, and let them know they'll be transferring the Referral Packet to them using the DoD Approved AMRDEC SAFE system .
5	NMCM	A current listing of either VA Liaison or VA TCM contacts can found at the following websites: http://www.oefoif.va.gov/caremanagement.asp http://www.oefoif.va.gov/valiaisons.asp https://va.deps.mil/dod/IC3/Pages/Home.aspx
6	NMCM	The transfer of LC to the VA is not complete until appropriate documents have been forwarded/ relationship has been established with the VA Liaison or TCM. Once complete, the NMCM, still serving in the "AFW2 LC role" will continue to assist RSM with post DOS transition services (Stabilization & Resolution).
	N/A	Note: While formal warm handoffs are no longer required for CAT 1 or CAT 2 RSMs, the NMCM should make every effort to assist the RSM's connect with their local VA. Many times this should include an informal call to the local VA Liaison or TCM.

Guideline 4. Change of Case Assignment from one Region to Another.

STEP	ACTION OWNER	NARRATIVE
1	WII Cell	<i>Assign.</i> The WII Cell will initially ensure RSMs are assigned to a CMT based on where the RSM is actually residing or receiving medical care.
2	RTL	<i>Change case from one region to another.</i> When the RSM leaves his/her normal unit of assignment location, the losing unit of assignment RTL will coordinate with the gaining RTL before moving the case to the region where the RSM is physically located. Once accomplished, the gaining RTL will ensure the gaining RCC and NMCM are aware of the regional change and determine who will service in the LC role.

Guideline 5. Case Management of RSMs Returned to Duty with Limitations or Restrictions.

STEP	ACTION OWNER	NARRATIVE
	RSM	The RSM has been RTD and C Coded.
	RCC	In the event the RSM is RTD and C Coded, the RCC continues as the LC and coordinates with the assigned NMCM on the status of the case.
1	LC	<i>Update.</i> Case Disposition in DoD-CMS.
2	NMCM	<i>Review.</i> Conduct Reporting Identifier (RI), Review and update MilPDS as appropriate (Guideline 8, Step 7)
3	RCC	<i>Contact.</i> Contact the RSM every 90 days (face-to-face when permissible) to assess RSM’s status/condition and confirm demographic information. Inform the RSM they will be monitored quarterly and to contact the RCC in the event an IRILO is reinitiated.
4	RCC NMCM	<i>Collaborate.</i> RCC will contact NMCM to discuss contact findings and ensure detailed notes are documented in DoD-CMS

Guideline 6. Case Management of RSMs Returned to Duty without Limitations or Restrictions.

STEP	ACTION OWNER	NARRATIVE
	RCC	The RCC has the lead and will contact/coordinate with the RSM (face-to-face contact when possible, but if not possible, via telephone or lastly by email, to assess RSM's status/condition, MCM, PEBLO, PCM/P, CC, etc., to confirm the case status.
1	RCC/NMCM	The RCC will coordinate with the AFW2 care manager to discuss case status and details.
2	RCC	If the case meets the RTD criteria above, the RCC will consider recommending Sustainment to the RTL.
3	RTL	If RTL concurs, they will forward for a Sustainment Decision to the appropriate RPM.
4	RPM/RTL	If the RPM approves the sustainment request, he/she will update DoD-CMS Case note documenting the decision, place the DoD-CMS case into a “Suspend” status and tell RTL to make appropriate RI update (see Guideline 13, Step 7)

Guideline 7. Management of Temporary Disability Retirement List (TDRL) Cases.

STEP	ACTION OWNER	NARRATIVE
	NMCM	Upon placement of the RSM in TDRL status. The AFW2 NMCM, as LC, will, follow up with the RSM NLTD every 30 days for as long as it takes to ensure all immediate needs are met. Once the only true need is awaiting placement of the RSM into Permanent Disability Retirement List (PDRL) status, RTLs will have the flexibility to direct 90-day contact follow-up increments.
1	NMCM/RTL	The AFW2 LC will assess if the case is ready for Sustainment and inform the RSM. If the case is Sustainment ready, the NMCM will recommend Sustainment of case to the RTL. The RTL will forward it to the corresponding Region Program Manager (RPM) for approval.
2	RTL/RPM	If case is approved for Sustainment by the RPM, the RPM will update DOD-CMS case note, update the case to a "Suspend" status in the Case Category field, and email sustainment approval back to the RTL.
3	NMCM	Notifies RSM of sustainment approval and ensure they know they can always reach back to AFW2 when needing additional support.

Guideline 8. AF Reserve (AFR) and Air National Guard (ANG) processes. This Guideline provides detailed understanding of the unique individual process steps for individuals assigned to either the AFR or ANG (ARC personnel). This Guideline should be used in conjunction with other Case Management guidelines in this document. (Program SME: Ms. Debbie Martinez, DSN 665-4976, deborah.martinez.3@us.af.mil)

1	NMCM	<p>Identification Phase.</p> <ul style="list-style-type: none"> - Pull the Points Credit Summary (PCARS) in MilPDS and post in DoD-CMS “Attachments” Folder. - NMCM educate RCC how to read PCARS. - NMCM review MilPDS SURF and identify to the RCC if ETS or HYT is pending. RSM could be placed erroneously in the Inactive Ready Reserve (IRR) if either one expires.
2	NMCM	<p>Identification Phase.</p> <ul style="list-style-type: none"> - Review DEERS in GIQD screen to determine if the RSM is on AD orders and covered by Tricare. - Review DEERS Family screen to determine if the RSM is either civil service, Air Reserve Technician, AFR, or ANG Federal Technician.
3	LC	If the RSM is on an active duty orders contact the Air Reserve Component Case Management Division (ARC-CMD) (MEDCON Cell), to determine if they are aware of the case.
4	LC	<p>Recovery Phase.</p> <p>If applicable, determine Traumatic Injury Protection Under Service-Members’ Group Life Insurance (TSGLI) eligibility (The RSM must be paying into SGLI).</p>
5	LC	<p>Rehabilitation Phase.</p> <ul style="list-style-type: none"> - If the RSM is either an ART or a Federal Technician, advise him/her to go to the Civilian Personnel Office to determine options in the event IRILO is approved for IDES processing. - Ensure the RSM is aware of IRILO outcome of RTD-C Code may prevent future deployments, eligibility for PME or active duty tours.
6	LC	<p>Fitness Evaluation Phase.</p> <ul style="list-style-type: none"> - Inquire if RSM has VA rating; VA rating may change when IDES has been completed; if RSM has a VA appeal for a condition – refer to VA MSC to have it pulled or else VA may not rate condition in IDES. - Ensure the Office of the Airman’s Council (OAC) counsels RSM of IDES outcomes of 20% or less; AFR or ANG RSMs with 15 years or more Satisfactory Years will be offered Inactive Status List Reserve Section (ISLRS). - Ensure the RSM is aware of MyPers to inquire about Reduced Retirement Pay Age (RRPA). - Advise the RSM to request a “20 Year Letter” via MyPers or by calling the Total Force Center if PCARS shows 20 or more satisfactory years.
9	LC	<ul style="list-style-type: none"> - If the RSM is ANG, refer to their State Transition Assistance Advisor (TAA) to further assist them with their transition. - If the RSM is not on an Active Duty Orders of 180 days or greater, Transition GPS is not mandated.

10	LC	<ul style="list-style-type: none"> - Ensure the RSM received an Active Duty SBP briefing. RSMs may require LC to assist in scheduling an appointment with an active duty counselor. - NMCM pull DD Form 2656 from ARMs to validate correct SBP form was completed.
11	LC	<p>Reintegration/Transition. Inform the RSM if traditional AFR or ANG, DD Form 214 will NOT be issued. If the RSM is on Active Duty Orders, the unit must request a DD Form 214 from ARPC. If the RSM is on an Active Guard Reservist (AGR) tour, advise to fill out the DD Form 214 worksheet upon notification by the vMPF.</p>
12	LC	<p>Stabilization. Check DEERS to ensure the RSM has not been placed in reserve retired status (did not get issued the pink ID card) for this will prevent Tricare eligibility.</p>
13	NMCM	<ul style="list-style-type: none"> - If the RSM is awarded VA disability prior to IDES and is receiving payment, inform the RSM that until DFAS applies a VA Waiver to retirement pay, they will erroneously be paid concurrently and may incur a debt. - Check DFAS for VA Waiver for cases such as this. - For the RSMs who have applied for the “20 Year Letter” check DFAS “MBRENT” screen to validate.

Guideline 9. Dual Action Process. This Guideline provides a detailed understanding of the individual process steps for individuals who are being considered both for a medical retirement and discharge from the AF as a result of their misconduct. This is used in conjunction with other case management guidelines in this document.

STEP	ACTION OWNER	NARRATIVE
1	NMCM	<p>Inform the applicable RCC in the event MilPDS personnel review indicates the RSM has an UIF, Referral EPR and/or Lost Time.</p> <p>Note: If the RSM has an approved Post 9-11 Transfer, it may be voided based on character of service. (See Figure 10)</p>
2	LC	Contact the PEBLO to confirm the RSM is a dual action case.
3	NMCM	Monitor the Dual Action processing package through AFPC’s Case Management System (CMS) – AFPC/DPSOR Invol Sep Section is OPR
4	LC	Ensure the RSM has secured legal counsel and is aware of service characterizations and benefits on character of service.
5	LC	Discuss preparations to include civilian employment in the event Dual Action final determination is administrative separation.
6	LC	Ensure the RSM has support/counseling network, such as: Military Family Life Consultant (MFLC), First Sergeant, chaplain, Vet Center, caregiver, family etc.
7	RCC	Identify financial concerns; ensure the RSM has contacted the Airman and Family Readiness Center (A&FRC) and received budget counseling to include a budget analysis in event he or she is administratively discharged.

8	RCC	If the RSM is under medical care and requires medications, inquire with CCM assigned for what courses of action are available to the RSM for prescription refills.
9	RCC	Counsel the RSM on the In-Transition Program for behavioral health support.
10	RCC	If needed, discuss Discharge Review Board (DRB) to request change to discharge characterization and Reenlistment Code.

Guideline 10. Inactivation of AFW2 Cases.

STEP	ACTION OWNER	NARRATIVE
		<p>Current AFW2 eligibility requirements for enrollment (AFI 34-1101, para 5.1) into the program are as follows:</p> <ul style="list-style-type: none"> a. Identified as Seriously Injured (SI) or Very Seriously Injured (VSI) on Casualty Morning Report (CMR) or by Medical Authority b. Case-by-case basis, Airmen with highly complex medical conditions as provided by a Medical Authority or medical diagnosis of: <ul style="list-style-type: none"> - Post Traumatic Stress Disorder (PTSD) - Traumatic Brain Injury (TBI) - Purple Heart Recipient c. Air Reserve Components (ARC) who: Returned for more than 6 months on Title 10 medical orders (Serious/Severe Conditions)
1	LC/RTL	<p>Region Team Lead's (RTL) have the flexibility to inactivate cases only under certain conditions:</p> <ol style="list-style-type: none"> 1. When the PEB results have returned and accepted by the RSM that does not meet AFW2 enrollment criteria (use AF Form 356 to verify), or the basic criteria of 70% for any one condition, inactivation will not occur until the RSM separates. This should be the exception and not the rule, as RTLs will make the decision on what is the best interest of the RSM & family. 2. The RSM is leaving the AF as a result of a regular (non-medical) retirement or separation (use retirement/separation orders to verify) and he/she does not have complex medical issues requiring additional care management. RTLs will look at the entire case and not just focus on the regular retirement/separation. 3. After initial enrollment, the RTL determines if the RSM no longer meets enrollment criteria. 4. The RSM is deceased <p>Exclusion. Combat-related cases as deemed by either the Physical Evaluation Board (PEB) or those holding a combat-related Reporting Identifiers (RI) (9W000/92W0, 9W200/92W2), any RSM (combat or non-combat) identified with service related PTSD/TBI, or any Purple Heart recipient are <i>excluded</i> from this policy and WILL NOT be inactivated.</p>

2	RTL/WII Cell	RTLs will collaborate with the LC, and then if inactivation is still in order consult with the WII Cell Program Manager (PM) who will concur/non-concur whether the RSM should be inactivated.
3	LC	<p>If the WII Cell PM concurs with the inactivation request, the LC will contact the RSM and inform them of decision to inactivate and let them know they will continue to assist until their DOS.</p> <p>The LC will provide necessary resources and referral information to facilitate their transition to civilian life.</p> <p>The RTLs have the flexibility to approve support past the RSMs Date of Separation (DOS) until the LC determines adequate support has been provided.</p>
4	LC/RTL	<p>In the event a RSM is deceased, ensure appropriate case count and accomplish the following:</p> <ol style="list-style-type: none"> Inform the Chief, NMCM Branch ASAP CLOSE DoD-CMS Case Inform IT and Special Programs Manager of inactivation updates. If needed, Case Managers can still apply case notes until all final actions have been accomplished without reopening case in DoD-CMS.
		If the case is does not meet AFW2 enrollment criteria and is “inactivated” in DoD-CMS, the RSMs is be eligible for C.A.R.E Events/Adaptive Rehabilitation Sport Program (ASRP) opportunities.
5	RTL	Important: On cases approved for inactivation as result of not meeting AFW2 Enrollment Eligibility, the 9W RI must be removed by appropriate MilPDS and DoD-CMS updates.

Guideline 11. One-Minute-Assistance (OMA). This Guideline provides a detailed understanding of the individual process steps for Airmen that do not meet criteria for enrollment into the AFW2 program, but require referral assistance.

STEP	ACTION OWNER	NARRATIVE
1	RCC/NMCM	<i>Document.</i> OMAs or one-time-assists within DoD-CMS.
2	RCC/NMCM	<i>Determine.</i> 1. Is this a one-time assist or 2. Or a situation that requires longer tracking to resolve the issue but does not meet criteria for enrollment?
3	RCC/NMCM	<i>Create.</i> New DoD-CMS case record.
4	RCC/NMCM	<p><i>Complete in DoD-CMS.</i></p> <ol style="list-style-type: none"> Client Info - 1. Case Status Field, select “Closed “from drop down list; 2. Reason Code Field, select “One-Time-Assist” from drop down list; 3. Complete rest of screen as normal. Category Assignment – Choose “Secondary Program Association” Input case notes as normal.
5	RCC/NMCM	<i>Close.</i> Cases will be opened and closed in DoD-CMS on the first day; updates can be made on as “as needed basis.”

Guideline 12. Monthly Veterans Tracking Application (VTA) Review Requirements.

STEP	ACTION OWNER	NARRATIVE
1	RTL/NMCM	The RTL or appointed NMCM will review the VTA on a monthly basis NLT the 5th of each month.
2	RTL	The RTL will ensure that all Recovery, Rehabilitation, and Fitness Evaluation cases have been checked.
3	LC/RTL	A case note with of the VTA findings will be documented on each RSM in DoD-CMS, as well as passing down the results of this review to the applicable care managers, via email.
4	LC/RTL	If during the review it is determined that a change of phase of care is required, the reviewer will make sure appropriate case management systems are updated to reflect the current status, and notify the LC or case manager of change. Check. Service Status & Service

Guideline 13. 9W RI Assignment Instructions. This Guideline provides instruction to ensure that 9W RI, which identifies individuals enrolled in AFW2, characterizes whether their injuries or illnesses were result of combat or non-combat, through use of MiLPDS updates/products and are applied consistently across the board.

The importance of each one of us making sure only those who have suffered very serious combat-related injuries are considered for award of RI 9W200/92W2 cannot be over-emphasized. A serious combat injury is defined as a severely disabling injury, or loss of cognitive ability, that compromises the Airman’s ability to function normally and requires an extensive period of recovery/rehabilitation. When individuals are awarded the RI 9W200/92W2, they receive personnel policy exemptions not afforded to others. Therefore, in the sake of fairness, we must be very careful of who receives this RI.

STEP	ACTION OWNER	NARRATIVE
1	WII Cell	At the time a RSM is enrolled into the AFW2 program, the WII Cell will assign either the RI 9W000/92W0 (combat placeholder) or 9W300/92W3 (non-combat).
2	WII Cell	The WII Cell will update the assigned RI in MiLPDS and make an entry in the contact details of DoD-CMS.
3	WII Cell	The WII Cell will forward the initial AFW2 assignment email to the RTL with mention of the RI update made.
4	CMT/RTL	When determining award of 9W200/92W2 prior to the PEB final decision authority, or after receiving the Limited Assignment Status (LAS), RI, or ruled combat by a PEB but RTD, the following steps will be adhered to: 1: The LC, with assistance from other members of the Case Management Team (CMT), will conduct a thorough assessment to determine if the combat injured Airman truly meets the 9W200/92W2 award criteria. When making this assessment, the CMT will look at a variety of evidence, to include: CMRs, the severity of the injury/disability, how the

		<p>injury occurred, review of the Narrative Summary (NARSUM) if made available, information received from RSM's unit leadership or attending medical staff, personnel documents such as EPRs/OPRs, as well as a first hand evaluation of the RSM's physical and/or cognitive abilities after talking to him/her.</p> <p>2: If the CMT determines award of RI 9W200/92W2 may be appropriate, they will provide their rationale to their RTL.</p> <ul style="list-style-type: none"> - If the RTL believes the request "does not" meet the requirements for award of the RI, they'll reply to the CMT with the disapproval notice/reason to include additional instructions if warranted. - If the RTL believes evidence supports consideration, he/she will bring that evidence to the Care Management Branch Chief (or if not available the Support Branch Chief), who will determine whether or not further RI 9W200/92W2 is appropriate. The results of this decision will be documented as a note in DoD-CMS. <p>: If the Care Management Branch Chief (DPFWM) believes the request meets the requirements for award of the RI, he/she will authorize the RTL to notify the requesting CMT/LC to process the authorized template memorandum through the RSM's First Sergeant and Primary Care Manager (PCM) or Mental Health Provider (MHP) (when applicable).</p> <p>4: If the First Sergeant and PCM/MHP both concur on the memorandum that the combat designation RI is appropriate, the CMT/LC notifies the RTL to make the appropriate MilPDS update, before filing the memorandum in the Attachments area of DoD-CMS, and annotate in the case notes section that RSM was approved for a RI. The AFW2 RI effective date is determined by the incident date on the CMR; if no CMR exists, effective date is the case establishment date.</p>
5	CMT/LC RTL	<p>If the 9W200/92W2 was not awarded previously and the Informal Physical Evaluation Board (IPEB) determines the RSM's injuries were combat related, the CMT/LC will file the appropriate source documents (AF Form 356, TDRL or PDRL order) as attachments in DoD-CMS, and forward a request for MilPDS update to their RTL. If the RSM appeals IPEB findings, and at a later date the Formal Physical Evaluation Board (FPEB) or in some cases SAFPC decides the RSM's injury was not combat related, the RSM's CMT/LC will forward the RI removal request to their RT, who will remove the RI from MilPDS, update RI 9W300/92W3, then make an annotation in DoD-CMS. Note: If the CMT/LC knows that the RSM is appealing their IPEB findings, wait for FPEB or final authority findings to request RI update.</p>

6	RTL/LC	Other than initial entry updates performed by the WII Cell, all other 9W000/92W0 MilPDS updates is accomplished by the RTL . While DoD-CMS entries/remarks may be accomplished by the LC . As with paragraph 4 above, if at a later date the PEB (final authority) decides the RSM's injury was not combat related, the RSM's LC will make an entry/remark in DoD-CMS and forward the RI removal request and RI 9W300/92W3 update to their RTL for MilPDS update.
7	RTL	When the I-RILO or medical evaluation process determines to return the RSMs to duty: Those RSMs previously awarded RI 9W200/92W2 will have their RI changed to 9W000/92W0 unless they are in the middle of their promotion cycle (between PECD and selection release), in which their RI will be changed after the release date. Those RSMs previously awarded RI 9W000/92W0 will continue to keep the RI.
8	RTL	If the case is inactivated as result of RSM not meeting AFW2 enrollment criteria, any previous 9W RI must be removed.
9	LC	Combat-related RI Re-evaluation requirement: The LC will ensure their RSMs with a RI 9W200/92W2 designation are re-evaluated once a year, NLT the anniversary date of previous medical certification. Re-evaluation is by accomplished by PCM/MHP certification on the designated memorandum. (Figure 4). If this review is not accomplished or the DoD medical authority fails to confirm that the injury or illness is combat-related (w/ exemptions), this RI will be removed in MilPDS and replaced with 9W000/92W0 RI by the RTL or designee.

Figure 4. AFW2 Reporting Identifier Descriptions.

RI 9W000 (enlisted)/92W0 (officers): The initial designation of this RI is provided solely for the purpose of identifying Airmen who have suffered a combat related illness or injury.

RI 9W200 (enlisted)/92W2 (officers): This combat related RI may provide personnel exemption policies (i.e., promotion, evaluation, assignment, and professional military education, etc.) for Airmen who sustained very serious combat related injuries, severely disabling illnesses, or loss of cognitive abilities requiring a lengthy period of recovery or rehabilitation which normally removes him or her from their normal duties.

RI 9W300 (enlisted)/92W3 (officers): The initial designation of this RI is provided solely for the purpose of identifying Airmen enrolled in AFW2 with non-combat related illnesses or injuries.

RI 9W400 (enlisted)/92W4 (officers): This RI is awarded to combat injured warriors returned to duty under the Limited Assignment Status (LAS) program.

Figure 5. PCM/MHP Memorandum used to Validate 9W200/92W2 RIs.

ORGANIZATIONAL LETTERHEAD

(Date)

MEMORANDUM TO INSTALLATION MEDICAL AUTHORITY (PCM/MHP)

FROM: Unit/CCF

SUBJECT: Verification of Combat Related Injury or Illness, (Members Grade / Name)

ELIGIBILITY: The combat-related Reporting Identifier (RI) 9W200 (enlisted)/92W2 (officers) provides exemption policies for Airmen with very serious combat related injuries/illnesses. A serious combat-related injury or illness is defined as a severely disabling injury, illness, or loss of cognitive ability that compromises the Airman's ability to function normally and requires a lengthy period of recovery or rehabilitation. In order to be awarded a combat related RI, a DoD medical authority (Primary Care Manager (PCM) or Mental Health Provider (MHP)) must validate both the seriousness of the Airman's combat related injury/illness and the extensive recovery period which removes him or her from their normal duties. Awarding of a combat related RI may authorize additional personnel program exemptions in areas such as promotions, evaluations, assignment, professional military education, etc.

FIRST SERGEANT'S OBSERVATION: Based on my daily interaction with subject member I concur/nonconcur that this service member may meet the eligibility requirement to be awarded a combat-related RI. I am aware that if after a medical review the service member is awarded a combat-related RI he/she could be authorized additional personnel exemptions as indicated in the eligibility requirements.

First Sergeant Signature Block

1st Ind, _____

MEMORANDUM FOR HQ AFPC/DPFW

Concur/nonconcur. I understand that by concurring with this memorandum I certify this member has a serious combat-related injury or illness defined as severely disabling requiring a lengthy period of recovery or rehabilitation, or has a loss of cognitive ability that compromises the Airman's ability to function normally. I am also aware that my affirmative assessment could authorize this Airman additional personnel exemption policies as indicated above in areas such as promotions, evaluations, assignments, professional military education, etc.

Note: In the sake of fairness, it is extremely important PCMs/MHPs take great care to ensure that only the most serious wounded Airmen are considered favorably for award of a combat-related reporting identifier. I understand that I am encouraged to discuss this case with the member's unit leadership if my assessment differs from their their observation above.

PCM or MHP Signature Block

Guideline 14. DoD-CMS Mandatory Update Requirements. This Guideline provides mandatory entries required by AFW2 personnel. To ensure the Air Force’s coordination of care is documented properly, it will include work-arounds which in some instances require the care manager to apply data entries that don’t necessarily match up with the data fields indicated.

DOD-CMS Mandatory Update Requirements

Category	Fields to update	Responsibility for update	Remarks
Client Info	<p>Update all fields except the Religion and Home of Record</p> <p>Case Status:</p> <ul style="list-style-type: none"> - Active: Cases actively worked - Closed: Inactive/Deceased - Suspended: Sustainment <p>(If case is closed or suspended, you must take additional step and add the Reason Code (i.e., inactivated by RTL for not meeting AFW2 criteria, Deceased, or Sustainment.</p> <p>Religion: N/A. Do not fill.</p> <p>Service Status & Service needs to be continually monitored and updated as status changes.</p> <p>Unit: Update PAS Code/Unit</p> <p>Use the following format (as reads on MilPDS SURF): CD0VFNN0 - 27 SPEC OPS MED SP SQ</p>	WII Cell	<p>WII Cell initiates case and updates initial information</p> <p>New cases will be updated within 72 Hours. NMCM responsible for updating all initial information, then lead coordinator keeps it current.</p> <p>Identifying Information: Long SURF, vRED & DEERS.</p> <p style="text-align: center;">- PASCODE - UNIT (example: CD0VFNN0 - 27 SPEC OPS MED SP SQ) (Make sure in UPPER CASE)</p> <p style="text-align: center;">- Installation: (updated exactly as indicated in MilPDS & UPPER CASE, i.e., Unit: CANNON AFB</p>

	<p>Installation: Base of assignment as listed on SURF</p> <p>Current address fields are pulled over from DEERS when record is created. Care Manager will ensure each time they contact RSM they review and update contact data if necessary.</p> <p>Permanent Address Use the "Street" field to record whether or not the RSM currently resides in base housing. Use "Y" for RSMs living in base quarters, privatized housing, or TLF. Use "N" for RSMs not living in base housing.</p> <p>Home of Record Enter the two digit Region Code:</p> <p>NE - Northeast NC - North Central NW - Northwest SE - Southeast SC - South Central SW - Southwest</p>		<p>Examples: JBSA LACKLAND AFB CP MURR AGS LOS ANGELES AFB</p>
Category Assignment	<p>Primary Program Association: USAF Wounded Warrior Program</p> <p>Secondary Program Association: Not required except when documenting One</p>	WII Cell	

	<p>Minute Assistance (OMA)</p> <p>Category of Assignment:</p> <ol style="list-style-type: none"> 1- Mild injury or illness, expected to RTD, receives short-term medical treatment 2- Most will be in this category; serious injury or illness, unlikely to RTD, may be medically separated from the military. 3- Severe or catastrophic injury or illness, highly unlikely to RTD, will likely be medically separated from the military, <u>and will require a FRC referral.</u> <p>Evaluation Reason: TBD by WII Cell.</p> <p>Notify FRC (CAT 3): Will always be "Yes" as FRC referrals will be accomplished on all CAT 3 RSMs.</p> <p>Notification Reason: Type the following text that applies: Severe or catastrophic injury or illness</p> <p>Assessor: Normally RCC or CCM who performed initial assessment. For DES</p>		
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

	<p>cases, Non-Medical Case Manager. Update appropriate contact information</p> <p>Information Source: Enter how the RSM entered the AFW2 program from the drop down menu. (Once selected, DO NOT CHANGE!)</p> <p>Examples: PATIENT SQUADRON MED CAS MGR RCC DES CMR</p>		
Enrollment Power of Attorney	Should be accomplished specifically for RSMs that are critically injured, have projected surgeries, and those with potential to become incapacitated. Such RSMs should also consider an advanced directive.	<p>RCC</p> <hr/> <p>NMCM</p>	<p>All RSMs should have a POA in the case of incapacity and should consider having in advance directive in their medical chart.</p> <hr/> <p>- DES cases</p>
Enrollment Family Info	<p>Update all fields</p> <p>Spouse Information: Current and Permanent (verify pre-populated information from DEERs is correct).</p> <p>Dependent Information: Use to add the children/legal dependents</p> <p>Other Point of contact: Use this field to add the caregiver information</p>	NMCM	<p>Dependent Information fields will also be used to update Parents and Siblings if RSM is single or they are living in same household as RSM.</p> <p>Use DEERs inquiry and/or vRED to populate these fields.</p>
Enrollment Command POC	Update all fields except CC's address	WII	Will do the initial update

	<p>and secondary email/phone.</p> <ul style="list-style-type: none"> - Name/Rank of CC (unless separated) - Command: Unit/MAJCOM Designation (abbreviate when possible – 66 FSS (AFMC) rather than 66 FORCE Support SQ) 	NMCM/RCC	<p>LC will update as needed</p>
Enrollment Service Info	<p>Use WII Referral/SURF/Orders, update fields when applicable and available.</p> <p>Prior to separation, only update TIS, Home Command/location. The block that shows separation date will be the Expired Term of Service date (ETS).</p> <p>For now, until this requirement is built into a future system update, the Mobilization Command will be used to update the AF Disability Percentage, while the Mobilization Command Location will be used to update the VA Disability Percentage.</p> <p>After retirement/separation orders have been issued, it's very important to revalidate TIS, ETS,</p>	NMCM	<p>Lead Coordinator ensures information is current</p> <p>When updating AF and VA Disability percentages only fill in the number, not "%" (percentage sign). So as example, would be recorded as 70, versus 70%.</p>

and DOS. If applicable Retirement Date (one day after DOS), TDRL or PDRL date (should match retirement date),

Home Command:
Enter the MAJCOM where assigned (i.e., ACC, AETC, etc.)

Command When Injured: Enter the current Disposition below:

- Identification
- Recovery
- Rehabilitation
- Fitness Evaluation
- Reintegration/ Transition
- Stabilization/ Resolution
- Sustainment

Command When Injured Location:
Enter one of the below DES Actions, if applicable:

- For Airmen currently going through the IDES process:

- BCMR
- Dual Action
- FPEB
- IPEB
- PDBR
- SAFPC

- For Airmen with an approved IDES result:

	<p>-- Admin Sep-Hon -- Admin Sep-OTH -- ANG/Res--Reg Ret Age 60 -- DwS -- NCR--Ret/Disch -- PDRL -- Reg Discharge -- Reg Retirement -- RTD -- RTD from MEB -- RTD from TDRL -- RTD--IRILO -- RTD--LAS -- RTD--NMB -- TDRL -- TDRL-R</p>		
Enrollment Awards	<p>Personal Awards: Update Combat Awards only (mandatory). If no combat awards type in "none".</p> <p>Unit Awards (not required).</p>	NMCM	<p>Sources:</p> <ul style="list-style-type: none"> - Decoration Print-out - Casualty Screen - DD Form 214
Enrollment Education & Training	<p>Update all fields as documented on the Long SURF</p> <p>Vocation = Duty Title Military Occupation = AFSC (2W1X1) Client and Family Preferred Language (optional): If able to obtain it from the RSM.</p>	NMCM	<p>Ensures information is current</p> <p>No skill level, example don't type as 2W171, instead type as 2W1X1</p>
Enrollment DOD Team	<p>Update all fields if applicable, available and or known.</p> <p>Use the WWP field to update the RCC. Drop down on the WWP and change to AFW2 and</p>	WII Cell	<p>CM is reserved for the RCC, NMCM information will also be filled in at the appropriate area. Ensure the current "LC" box is checked appropriately, and then changed as the LC changes.</p> <p>On <u>SOCOM</u> cases, the CM will be reserved for the SOCOM RCC/Advocate. In this case</p>

	<p>add the name and email for the RCC.</p> <p>The CBHCO field is not used.</p>		<p>AFW2 RCC information will be placed in the WWP area.</p>
Enrollment VA Team	<p>Update all fields if applicable, use VTA to update MSC</p>	NMCM	<p>Ensure the VA TCM or VA Liaison who was established as LC during the warm-handoff is updated in this area appropriately.</p>
Enrollment Incident/ Injury Info	<p>Update all fields if applicable and available</p> <p>The Primary Injury field will be updated with the initial Case Category (must be only one of 4 conditions):</p> <p>Except for PTSD, because it is already listed in the drop down, Select "Other" from the dropdown and enter one of the following in UPPER CASE:</p> <p>- ILLNESS - INJURY - OMH</p> <p>All other diseases, injuries, etc., will be input into the Secondary Injury and Tertiary Injury fields.</p> <p>DO NOT CHANGE THE PRIMARY INJURY AFTER CASE CREATION.</p>	<p>WII/RCC</p> <hr/> <p>NMCM</p>	<p>WII will do initial entry, RCC will complete the rest</p> <p>Don't get concerned about Dates of Deployments are on the top part of this page (can be pulled from MilPDS)</p> <p>Other areas on this page need to be updated, as it will be the primary source in obtaining specific incident/injury reports</p> <p>Use Casualty Reports, Referral worksheets and known information to update this data</p>
Enrollment Medical Admin Info	<p>Mandatory for those with SCADDL or if RSM identifies a caregiver. For all others, update these fields if applicable, known, or available.</p>	<p>RCC</p> <hr/> <p>NMCM</p>	

	This screen is used primarily to identify RSM's Caregiver information. Also used to verify the enrollment status in DEERs and Tricare.		
Needs Assessment	Update all fields (follow guidance as directed by AFW2 Training and Quality Assurance Program Manager).	RCC <hr/> NMCM	<ul style="list-style-type: none"> - Updated Pre-IDES or Post-IDES based on the needs of the RSM. Mandatory entries required by RCC. - Needs Assessment and Comprehensive Recovery Plan should correlate with each other, and should be monitored and updated routinely as RSMs needs change. <hr/> <ul style="list-style-type: none"> - For DES cases
Comprehensive Plan	<p>Comprehensive Plan (follow guidance as directed by AFW2 Training and Quality Assurance Program Manager).</p> <ul style="list-style-type: none"> - Under the needs category tool box update all fields as applicable - Family Support - Financial - Employment - Benefits and Compensation - MEB/PEB - Transportation - Housing - Legal - Medical Care 	RCC	<ul style="list-style-type: none"> - Mandatory usage/entries by RCCs. - Plan/goals should correlate with needs assessment and should be monitored and updated routinely as RSMs needs change. - NMCM: Review only to assess RSM's past/current/future needs. - In some instances updates can be made by the NMCM when applicable. - Use RCP to identify open items as well as projected follow-up dates.
Contact Details	<ul style="list-style-type: none"> - Contact Method – Self explanatory - Contacted By – If not listed in the drop down, drop 	ALL	The highest levels of DoD Leadership review your written work. Notes should be professionally written, and must be written and formatted in a way

	<p>down to “Other” and add the name of the person/persons phoned or emailed. Do not use N/A. More than one name can be placed in this area. Example: RCC – John Doe, Mary Jane</p> <ul style="list-style-type: none"> - Contacted At – If not listed in the drop down, select “Other” to add additional contact information and notes. - Created Date – Self-explanatory. - Notes: <p>Use this area to <u>provide information not captured in the CRP</u>, to include administrative details, along with annotating the required 30 day contact.</p> <p>30 day contact statement must include:</p> <ol style="list-style-type: none"> 1) Phase of Care 2) DOS/ETS Date 3) RCC Summary of Discussion (Identify which goal(s) discussed under RCC Summary of Discussion) 		<p>that makes it easy for the reader to understand. Notes should be written without any emotion, be concise, and clearly articulate the story.</p> <p>Use hard return/bullet formatting. Do not copy and paste emails into the note. Instead, attach the email in DoD-CMS and refer to it in the case note.</p> <p>NOTE: Care managers will accomplish a follow up for active cases in DoD-CMS every 30 days at a minimum. RCCs monitoring RTDs w/ limitations will make quarterly contacts with the RSM.</p>
Attachment	<p>Add any and all necessary file attachments to the case that would assist in the overall management of the case.</p> <p>Emails should also be added to this area (NOT</p>	ALL	<p>Important: Use proper naming conventions when attaching documents. Examples:</p> <ul style="list-style-type: none"> - AF356 (PDRL) – Montana, Joseph - RETORD (TDRL) – Lott, Ronnie - vRED – Rice, Jerry - MiLPDS (Long) – Craig, Roger

	pasted in Contact Details).		- DD214 – Kapernick, Colin
LC Checklist	Only the first (page 1) Lead Coordinator Checklist, will need to be updated throughout the entire recovery process. This can be accomplished by either the RCC or NMCM. After opening a case, the LC Checklist can be found on the left side just above the Print Forms area. When the care manager opens up the LC Checklist, they can update it as items are assessed/action taken by clicking on the black “Edit” button on the top right side of the page. Once in editing mode, the LC can check the applicable items before saving the checklist updates on the bottom right side of the page.	RCC/NMCM	To keep this form updated the care manager will need to collaborate with the CMT on a regular basis.
LC Data	N/A	N/A	
Print forms	Comprehensive Plan (PDF) LC Checklist At the time the RSM retires or separates from the Air Force, the LC, normally the NMCM, will be responsible for finalizing and sending a copy of the completed LC Checklist and the Comprehensive Recovery Plan (CRP) from the Print Forms area located on the left side of the page to facilitate the warm hand-off with the VA when applicable.	NMCM	Under IC3, warm hands required for all CAT 3 illnesses/injuries, cases requiring a Federal Reserve Coordinator (FRC), or at the RTL’s discretion (100% disability, serious or complex CAT 2 injuries/illnesses).

Guideline 15. Federal Recovery Coordination Program Referral.

(Program SME: Mr. Andrew Scott, DSN 665-2921, andrew.scott.28@us.af.mil)

STEP	ACTION OWNER	NARRATIVE
1	RCC/RTL	<p>Airmen designated as CAT 3 are referred by the RCC or Clinical Case Manager to the VA Federal Recovery Coordination Program (FRCP) POC, located at AFPC/DPFW through their respective RTL. The RCC or CCM will complete the FRCP Referral Form, FRCP Form (V2) (see Figure 6), and send the form to the RTL. In-turn, the RTL will send it to the AFW2 FRCP POC.</p> <p>Note: A CAT 3 Airman has a severe/catastrophic injury or illness, is highly unlikely to RTD, and will most likely be medically separated from the military.</p>
2	RTL	<p>Will file the request, then make a case note in DoD CMS that the request was received, then suspense for 3 business days to follow-up with AFW2 FRCP POC on status of the request.</p>
3	FRCP POC	<p>Will assess CAT 3 referrals for FRCP eligibility and will make contact with RCCs regarding any referral consideration. Airmen meeting initial eligibility criteria are referred by AFPC/DPFW to the VA Central Office in Washington, D.C. for FRCP enrollment consideration (FRCP POC will fax the referral to the VA Central Office).</p> <p>After submission, the FRCP POC will monitor and follow-up on each request to make sure the RTL is aware of status and final approval/disapproval. Airmen not meeting initial eligibility criteria are returned to the referring RCC for continued care, along with written notice and reasons for non-consideration.</p>
4	FRCP POC	<p>Will provide RTLs/RCPMs weekly status updates during weekly care management meeting.</p>
5	RTL	<p>Document DoD CMS on whether or not FRC was assigned. If FRC was assigned document name and contact information of that individual and notify RCC of the FRCP decision.</p>
6	FRC	<p>Federal Recovery Coordinator (FRC): Will provide oversight and assistance for the care, management and transition of CAT 3 Airmen on active duty enrolled in the FRCP, and when they transition to veteran status. FRC, in partnership with the RCC and the NMCM, will oversee the development and execution of the personalized ICP and help eliminate barriers to the services and resources identified in the plan. Elements of the ICP are executed by a CMT of health care providers, RCCs, NMCMs, and A&FRC personnel and advocates in partnership with the FRC.</p>
		<p>Note: ALL AFW2 care managers should utilize AF FRC POC for unique or complex care coordination issues that involve VA care, regardless of whether or not the illness injury is considered CAT 3. .</p>

Figure 6. Federal Recovery Coordination (FRC) Referral Form

Federal Recovery Coordination Program Referral Form

Service Member/Veteran Information	
Name: _____	SSN: _____
Branch of Service: <input type="checkbox"/> USMC <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USCG <input type="checkbox"/> Other _____	
Duty Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> Veteran	
Date of Birth: _____	Phone Number: _____
Current Address: _____ (Street) (City) (State) (Zip)	
Current Location (if different from address): _____	
Primary Contact Person (if different from above)	
Primary Contact Person: _____	Relationship: _____
Primary Contact Person Phone Number: _____	E-Mail: _____
Good Times to Call: _____	
Referral Information	
Reason for Referral: _____	
Name: _____	Title: _____
Facility: _____	Phone: _____
E-mail: _____	
Wounded Warrior Program or Facility (AW2/SH/WWR/AFW2) Representative (if known): _____	
Fax Completed Form to: (202) 495-5430 Attention: FRCP staff Please call (877) 732-4456 if you require assistance.	

HIPAA NOTICE:

Information contained herein includes Protected Health Information (PHI) as well as Individually Identifiable Health Information (IIHI), both of which are domains of data and information formally-designated under the Health Insurance Portability and Accountability Act of 1996, and include special protections against usage and dissemination as described under Part II, 45 CFR 164.501.

FRCP Form (V2) – Do not reproduce or publish without the expressed consent of the FRC Program.

Guideline 16. Sustainment Procedures. This Guideline provides a detailed understanding of the individual process steps for placing a RSM into sustainment phase of care.
 (Program SME: Mr. Al Salinas, DSN 665-2554, alberto.salinas.1@us.af.mil)

STEP	ACTION OWNER	NARRATIVE
1	RSM	RSMs are considered to have successfully reintegrated, achieved stability and either RTD without any medical or physical limitations or made fully aware of all applicable benefits and entitlements. RSM will either be TDRL, PDRL or Discharge with Severance (DwS)
2	NMCM	Contact. Review CNA with the RSM to confirm resilience, independence, and that all benefits, entitlements and employment/education plans are in place.
3	NMCM	Ensure: Minimum guidelines are followed to request transfer of case to Sustainment
4	NMCM	Ensure: All applicable areas of DoD-CMS have been filled out: 1. PEB decision, AF/VA Disability percentages/and separation data in the Service Information under Enrollment area. CRP completed if applicable. Look to green up those applicable areas in DoD-CMS. 2. TDRL Status (if applicable) 3. DD Form 214 for those on AD or on Active Duty Orders a. Ensure SPD is correct b. Ensure NGB Form 22 is received for ANG regardless if AD 4. The RSM is enrolled and handed off to the VA 5. Verify pay and entitlements have been received a. If applicable, verify severance pay is processed and taxes are not withheld for combat related RSMs b. VA offset, dependent rate applied c. Survivor Benefit Plan (SBP) is accurate d. Verify tax/not taxed (combat) applied 6. Confirm Tricare enrollment is correct 7. Employment/School to include VocRehab 8. SSDI verification (if applicable) 9. If combat, CRSC counseling/status 10. If applicable VA Caregiver 11. Statement indicating the RSM was contacted of this change of status (i.e., verify sustainment letter went out)
5	NMCM	Remove. Purge all temporary documents out of DoD-CMS except the following: 1. Initial WII Cell Referral 2. Retirement Orders 3. DD Form 214 4. AF Form 356 5. Only relevant high risk/high profile email correspondence which may be needed for historical reference in the future 6. All SCAADL Documentation (for audit purposes)

6	NMCM	Request. After documenting all requirements complete for Sustainment consideration, make formal request with applicable RTL.
7	RTL	Request. RTL review and request transfer of case to Sustainment with corresponding RPM.
8	RPM	Review. Approve/Disapprove request
9	RPM	Update. In DoD-CMS go to “Client Info” and change “Case Status” from “Active” to “Suspended.”

Guideline 17. ROEs for SOCOM Airmen enrolled in AFW2. This Guideline makes sure all AFW2 Care Managers (RCCs/NMCMs) understand their responsibilities when it comes to the non-medical care RSM's enrolled in both the AFW2 and the SOCOM Care Coalition. It depicts an understanding between AFW2 and SOCOM Care Coalition in the bi-lateral way each program will support each other using DoD Case Management System (DoD-CMS).

STEP	ACTION OWNER	NARRATIVE
	RCC/NMCM	<p>It is the AFW2's Care Manager's responsibility to build a successful partnership with their SOCOM counterparts who also advocate on behalf of the same RSMs. This includes communicating with SOCOM commanders, medical staffs and installation helping agencies such as A&FRCs. Possibly the most important relationship is the one built between the AFW2 RCC and the Care Coalition's RCC or Advocate. When these two identities work harmoniously together the RSM wins. This process can't always be done by email, rather it needs a personalized approach. It involves building trust through care and communication. There is no tolerance for instances in which our program is not communicating effectively with our SOCOM partners. It is true, we don't want to duplicate efforts already being accomplished by SOCOM, nor slow their recovery coordination process down, that's why it's even more important to communicate care with them. This ensures each CM/advocate can properly perform the actions their program requests them to do, as well as be able to properly document the recovery coordination process in DoD-CMS or other case management systems.</p> <p>All AFW2 Care Managers will ensure the same level of advocacy/care/assistance is provided to SOCOM personnel enrolled in AFW2 program as afforded to RSMs not assigned to SOCOM. This can be accomplished through either direct or indirect assistance.</p> <p>When SOCOM Care Coalition is serving as Primary Program Association Support, AFW2 CMs should not contact SOCOM personnel without first talking to the applicable Care Coalition RCC or Advocate. Individual program enrollment criteria will not change. Both AFW2 and SOCOM Care Coalition have different enrollment criteria to suit the specific needs and resources associated with their own individual program. When a RSM is enrolled in both programs, and one program decides to close/sustain/or disengage from active case management of an RSM, the applicable LC or CM is obligated to provide this information to the other program's CM so the RSM can continue to receive active case management if needed.</p> <p>In cases where there are perceived roadblocks, it's very important you elevate these concerns through your AFW2 RTL who in-turn may elevate the issue to AFW2 leadership.</p>

		AFW2 and SOCOM are two different organizations, with different enrollment policies. They may assist RSMs in different ways, but understand that by continuing to work together as one team we can both complete our program's #1 mission. The mission is to provide well-coordinated and personalized support to wounded, ill & injured RSMs and their caregivers/families.
1		Once the AFW2 LC is determined, an update is made in the Category Assignment area of DoD-CMS. SOCOM Care Coalition is identified under the Primary Program Association and the AFW2 program is identified as the Secondary Program Association
2		The CM not in the LC role (normally AFW2 care manager) will serve in a supporting capacity. This may change, if needed, when both organizations agree the RSM is better served by changing the LC. Both AFW2 and SOCOM Care Coalition must understand that to the RSM, whoever has the LC role should be transparent to them. And both, the AFW2 and SOCOM care managers, will work as a team on behalf of their advocacy. The advantage of DoD-CMS is that both programs and their individual CMs will be able to communicate and document actions as part of the same helping team. This does not negate the fact that both program CMs need to continuously collaborate by phone/in-person on cases/RSMs enrolled in both programs.

Guideline 18. Special Compensation for Assistance with Activities of Daily Living (SCADDL).

This Guideline provides detailed information required of all AFW2 care managers so that they can process SCAADL requests properly. (Program SME: Ms. Deanna Markovitch, DSN 665-0991, deanna.markovitch.2@us.af.mil)

STEP	ACTION OWNER	NARRATIVE
	RCC	<p>SCAADL Criteria:</p> <p>To be eligible for SCAADL, an Airman <u>MUST MEET</u> all of the following conditions:</p> <ol style="list-style-type: none"> 1. Have a permanent, catastrophic injury or illness* that was incurred or aggravated in the line of duty; AND 2. Have been certified by a DoD or VA licensed physician to be in need of assistance from another person to perform personal functions required in everyday living or require constant supervision to avoid harm to self or others; AND 3. In the absence of the provision of such assistance, would require hospitalization, nursing home care, or other residential institutional care; AND 4. Be an outpatient and have a designated primary caregiver; AND 5. Categorized by a licensed Health Care Professional as meeting Category 3 criteria as outlined in DoDI 1300.24; highly unlikely to return to duty and will most likely be medically separated from the military.

		<p>* Catastrophic injury or illness defined: A permanent, severely disabling injury, disorder, or illness incurred or aggravated in LOD that compromises the ability to carry out ADLs to such a degree that the RSM requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others, and is unlikely to recover from such a disability.</p> <p>SCAADL eligible Airmen must be referred to the Federal Recovery Coordination (FRC) Program. This is to re-emphasize that DoDI 1300.24, Recovery Coordination Program, requires that all CAT 3 Airmen must be referred to the FRC Program (see FRCP Referral section in this guide).</p> <p>SCAADL eligible Airmen must be enrolled in, or eligible for, the AFW2 Program.</p> <p>It's imperative that RCCs and CCMs work together to ensure local providers and leadership are fully aware of the SCAADL Program's intent and eligibility criteria.</p> <p>The RCC, in working with the CCM, will ensure SCAADL re-evaluations are completed at least every 150 days from the date of RSM's last SCAADL effective date. If complete, SCAADL applications are not received by the 180th day, SCAADL compensation will terminate. In order to re-establish a RSM's SCAADL compensation, the Care Management Team (CMT) will need to provide a new SCAADL application. The effective date of compensation will be the date the physician certified eligibility on the DD Form 2948.</p>
	RCC	<p>The RCC, in coordination with the CCM, will be the conduit to submit all SCAADL applications to the SCAADL Program Manager. The RCC will review and ensure each application is complete, accurate, and legible before submission (See SCAADL Processing Procedures below). This will help streamline the process among the SG community, commanders, and the AFW2 Program.</p>
	RCC	<p>SCAADL Processing Procedures:</p> <p>1. ALL SCAADL applications will require the following documentation (with limited exceptions) in order to process a RSM's SCAADL application:</p> <ul style="list-style-type: none"> a. AF SCAADL Worksheet; use AF SCAADL Fact Sheet to inform the RSM/caregiver of program criteria and eligibility b. SCAADL Application, DD Form 2948 (Pages 1-4) c. Medical documentation that supports the SCAADL application; requires completion of DD Form 2870 (Figure 6). Medical documentation should include references to the RSM's ADL loss(es) and/or supervision/protection needs. Documentation should be within 60 days of the SCAADL application date.

		<p>d. Upload supporting legal documentation if RSM is not able to sign DD Form 2948</p> <p>Terminations require a new DD Form 2948 ONLY if member/caregiver desire to appeal the decision. The physician and/or commander will annotate non-concurrence on form as applicable.</p>
1	RCC	<p>The following procedures are used to send SCAADL requests to AFPC/DPFWS:</p> <ol style="list-style-type: none"> 1. The RCC will scan and attach all above documents within the RSM's DoD-CMS casefile, under the "Attachments" area of the case. The documents should be scanned into two files (one file which includes AF SCAADL worksheet and DD Form 2948, and a second file which includes the medical documentation). 2. The RCC will follow a set filename nomenclature for attachments (i.e., SCAADL Initial – RSM's Last Name, First Name, or SCAADL Re-Eval – RSM's Last Name, First Name). 3. Once uploaded to DoD-CMS, send an informational email to the AFPC/DPFW SCAADL organizational email box, afpc.dpfw.scaadl@us.af.mil, indicating SCAADL application was uploaded and requires review. <p>Subject line of email should include one of the following, as applicable:</p> <ul style="list-style-type: none"> - Initial SCAADL, Last Name - Re-Eval SCAADL, Last Name - Terminate SCAADL, Last Name <p>4. NOTE: All subsequent SCAADL application revisions/corrections, to include additional documentation, will follow same format with brief description in DoD-CMS that the file was "Corrected".</p> <p>Actions to take within DoD-CMS:</p> <ol style="list-style-type: none"> 1. Enter note in DoD-CMS stating the application was submitted 2. For Initial applications, add SCAADL goal to CRP under Benefits and Compensation, noting that application was submitted and awaiting results 3. For Re-evaluations, close previous SCAADL goal once application is submitted. Open new goal stating that re-evaluation was submitted and awaiting results 4. For Terminations, enter a note in DoD-CMS stating that termination was requested, reason for termination, and that the member/caregiver are aware

		<p>5. Do not close/change goal created by SCAADL PM, unless appropriate to do so, i.e., adding New Action or extending goal month to month during 90 day post-DOS period if VA Caregiver stipend and/or Aid and Attendance compensation is not yet received</p> <p>6. Ensure Caregiver information is updated</p> <p>NOTE: All current SCAADL material is located in the SCAADL folder on AFW2 SharePoint.</p>
--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Figure 7. SCAADL Worksheet.

"The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties."

AUTHORITY: 37 U.S.C. Section 439; DoDD 5154.02; DoDI 1341.12, and E.O. 9397 (SSN), as amended.
 ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html apply to this collection. DISCLOSURE: Voluntary. However, failure to provide requested information may result in a denial or delay in processing requests for Special Compensation For Assistance With Activities Of Daily Living.

Air Force Special Compensation for Assistance with Activities of Daily Living (SCAADL) Worksheet

To be eligible for SCAADL, an Airman MUST MEET all of the following conditions:

- (1) Have a permanent, catastrophic injury or illness* that was incurred or aggravated in the line of duty; **AND**
- (2) Have been certified by a DoD or VA licensed physician to be in need of assistance from another person to perform personal functions required in everyday living or require constant supervision to avoid harm to self or others; **AND**
- (3) In the absence of the provision of such assistance, would require hospitalization, nursing home care, or other residential institutional care; **AND**
- (4) Be an outpatient and have a designated primary caregiver; **AND**
- (5) Meet Category 3 criteria as outlined in DoDI 1300.24, Enclosure 4

* **Catastrophic injury or illness.** A permanent, severely disabling injury, disorder, or illness incurred or aggravated in the line of duty that compromises the ability to perform ADL to such a degree that a Service member requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others as defined in DoDI 1341.12.

Health Care Professional: I certify RSM meets CAT 3 criteria (is highly unlikely to return to duty, and will most likely be medically separated from the military).

Name: Signature: Date:

AIRMAN'S INFORMATION:

Name: Rank: SSN (Full):

Component: *(Active/Guard/Reserve)*

CAREGIVER'S INFORMATION: *(Cannot be an Active, Guard, or Reserve member serving in any status)*

Caregiver Name: Relationship to Airman:

Email Address: Phone:

LEGAL GUARDIAN (Yes/No): *(If Yes, provide legal documentation with DD Form 2948)*

Recovery Care Coordinator (RCC) Actions

Is Airman enrolled in, or eligible for, AFW2?: Date Referred to FRC Program:

I certify RSM, and designated representative(s), were informed & advised on the SCAADL program in accordance with DoDM 1341.12, Enclosure 2.

Name: Signature: Date RSM Briefed:

Last Updated on 1 Nov 15

Guideline 19. PII Release Requirements. (Program SME: Mr. Bob Gullion, DSN 665-5651, robert.gullion.1@us.af.mil)

STEP	ACTION OWNER	NARRATIVE
1	LC	As soon as they receive the case from the WII Cell, the LC will use the DD Form 2870 (Figure 6), <i>Authorization for Disclosure of Medical or Dental Information</i> , by giving it to the RSM to fill out and authorize disclosure. The DD Form 2870 and the words transcribed in block 8 have been approved by AFPC/JA with the verbiage required to meet our program requirements (Figure 8). RSMs are considered to have successfully reintegrated, achieved stability and either RTD without any medical or physical limitations or made fully award of all applicable benefits and entitlements. RSM will either be TDRL, PDRL or DwS.
2	LC	The LC will also have each RSM fill out and sign the attached PII Disclosure Statement (Figure 7).
3	LC	<p>Once both documents are signed, the LC will upload each document as attachments within the DoD-CMS case record.</p> <p>These signed documents are very important to have on file for the entire CMT, who will be advocating on behalf of the RSM throughout the continuum of care.</p> <p>It is the responsibility of the LC to ensure the forms remain current; at a minimum both forms are to be updated annually. The LC will add a goal in DoD-CMS with a Projected Goal Date of one year later.</p>

Figure 8. DD Form 2870.

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION		
PRIVACY ACT STATEMENT		
<p>In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully. AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R. PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information. ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons. DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information. This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.</p>		
SECTION I - PATIENT DATA		
1. NAME (Last, First, Middle Initial)	2. DATE OF BIRTH (YYYYMMDD)	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)	5. TYPE OF TREATMENT (X one) <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	
SECTION II - DISCLOSURE		
6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:		
<i>(Name of Facility/TRICARE Health Plan)</i>		
a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN Air Force Personnel Center (AFPC)	b. ADDRESS (Street, City, State and ZIP Code) 550 C Street West JBSA-Randolph, San Antonio, TX 78233	
c. TELEPHONE (Include Area Code)	d. FAX (Include Area Code)	
7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)		
<input type="checkbox"/> PERSONAL USE	<input type="checkbox"/> CONTINUED MEDICAL CARE	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> RETIREMENT/SEPARATION	<input checked="" type="checkbox"/> OTHER (Specify) Assist w/eligibility & applying for benefits, entitlements, or fin. asst.
8. INFORMATION TO BE RELEASED Any/all medical documentation, or access to AHLTA records, necessary for AFPC Air Force Wounded Warrior (AFW2) Program, Recovery Care Coordinator(s), Non-Medical Care Manager(s), or AFPC/DPFDI personnel, to determine program eligibility or assist me with applying for any/all Air Force, Veterans Affairs, other government agency, or non-DoD agency benefits, entitlements, or financial assistance I may be eligible for.		
9. AUTHORIZATION START DATE (YYYYMMDD)	10. AUTHORIZATION EXPIRATION DATE (YYYYMMDD) <input type="checkbox"/> ACTION COMPLETED	
SECTION III - RELEASE AUTHORIZATION		
I understand that:		
a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.		
b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.		
c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.		
d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.		
I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.		
11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT (If applicable)	13. DATE (YYYYMMDD)
SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)		
14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE (YYYYMMDD)
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE	SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:	

DD FORM 2870, DEC 2003

Reset

Adobe Professional 8.0

Figure 9. PII Disclosure Statement.



AIR FORCE WOUNDED WARRIOR (AFW2) PROGRAM

Release of Personally Identifiable Information (PII) Disclosure Statement

"The information herein is For Official Use Only (FOUO) which must be protected under the Freedom of Information Act of 1966 and Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties."

I understand that the Air Force Wounded Warrior (AFW2) Program, Air Force Personnel Center, JBSA-Randolph, TX does not guarantee security or protection of personally identifiable information (PII) for release of OFFICIAL USE ONLY (FOUO) correspondence when sent by email between government and personal computers or when mailed, scanned, and/or faxed to this location. However, security and privacy measures are taken according to governing instructions, regulations, and directives to protect this information once received.

I fully understand the above statement and give the Air Force Wounded Warrior Program my permission to allow its care management staff to send my PII to a non .mil email account upon my request. I understand this authorization is valid in one year increments and must be renewed annually, unless revoked as indicated below.

I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the Air Force Wounded Warrior Program. I am aware that if I later revoke this authorization, the Air Force Wounded Warrior Program will have used and/or disclosed my protected information on the basis of this authorization.

Printed Name

Signature

Date

Last Revised: October 29, 2015

Guideline 20. AFW2 Care Manager/PEBLO Communication Rules of Engagement.

STEP	ACTION OWNER	NARRATIVE
		The LC may not obtain medical information from the PEBLO
	LC	If the RCC needs non-medical information emanating from the IDES process, the first approach is contacting the RTL to see if the information can be obtained out of VTA. If not, the LC may request it from the PEBLO but must have the AFW2 enrollment form/email as evidence.
	LC/CCM/PEBLO	The LC (normally the RCC) may solicit information from the CCM or PEBLO by presenting the RSM's AFW2 enrollment email to validate program enrollment. The CCM will only provide unfitting diagnosis, specialty referrals, and future medical appointment schedule.

Guideline 21. AFW2's Role - Base Housing Inspection Notifications. The following provides RCCs with their role in the notification to each local installation Inspector General (IG) of RSMs living in government quarters. See [AFI 90-201, Attachment 8](#), for additional clarification.

STEP	ACTION OWNER	NARRATIVE
1	RCC	Keep each installation IG, within his/her region, apprised of AFW2 RSMs living in any type of government quarters, i.e., dorms, on-base or contracted housing, TLFs or DoD lodging quarters. This can be best done by sending them a filtered spreadsheet from DoD CMS. When sending the on-base housing listing, ensure Mr. Duane Martin.1@us.af.mil, AFIA/ETO (duane.martin.1@us.af.mil) is courtesy copied on the email. This must be accomplished by the 15th of each month.
2	RCC	Continue to keep a continuously updated comprehensive list of enrolled RSMs living at bases you serve and keep it continuously updated by adding and deleting RSMs as applicable.
3	RCC	When requested by the commander, accompany him or her to the house being inspected.

Guideline 22. Assisting Combat Related RSMs (9W200) with Recouping Remaining Selective Reenlistment Bonus (SRB).

STEP	ACTION OWNER	NARRATIVE
	NMCM	Request remaining SRB on an approved combat related RSM's enlistment (unpaid portion) by submitting the request electronically through AFPC's Case Management System (not to be confused w/ DOD-CMS). This request should be accomplished no earlier than 30 days prior to DOS. While DFAS Separations does have an open window where they can still process the necessary transactions after DOS, it is best not to wait to long

		thus prevent RSM hardship by requiring them to submit their request through the Board for Correction of Military Records (BCMR).
1	NMCM	Enter into AFPC CMS by logging on to the following website: https://w45.afpc.randolph.af.mil/AFPCSecureNet40/CheckPortal.aspx
2	NMCM	Select Responsibility: AFPC AF Wounded Warrior “Select” button
3	NMCM	In the “Enter/Update/Request Status on a Case” area enter RSM’s SSAN, Select CMS Case Type: Critical Skills Ret Bonus (Enlisted), then hit the “Enter New CMS Case”
4	NMCM	Enter the following mandatory statement in the Case Description area: The RSM was medically retired effective _____ as a result of combat-related injury. He/she is entitled to the future SRB payment of \$_____. However, there is not an SPD code that authorizes future payments. OSD has directed that combat injured medical retirees must be paid future SRB payments: "In accordance with the OSD Memo's dated February 6, 2009, May 21, 2008, Subject: Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends, paragraph (2), also, DoDFMR 7A, Chapter 2, Table 2-1, dated July 2014 and 10 U.S.C. Chapter 61, 10 U.S.C. 1413a (e), please adjust the RSM's pay account and issue a lump sum payment for the remaining (type) bonus installments." NOTE: To fill in the dollar amounts above you can call the VIP and Wounded Warrior DFAS Rep, Ms. Jennifer Hanson at DSN 699-9253, or email her at jennifer.m.hanson2.civ@mail.mil
5	NMCM	In the comments block listed as RANDOLPH AFB TX (AFPC/ AFPC AF Wounded Warrior (DPFWS): Provide RSM’s current mailing address, then type in the name of the documents you have attached. Must retrieve from ARMs and attach current reenlistment document, retirement/separations orders, and DD Form 214 if applicable. Also indicate in the same block that this request will need to be submitted to DFAS AC 3892 Separations/DFAS Indianapolis
6	NMCM	At the bottom right, hit the “Refer” button. In doing so it will first be sent locally to AFPC TSFS ADSC Office (DP1TA) who will review and push to DFAS.
7	NMCM	Browse, Download, and Submit required attachments.
8	NMCM	As the requesting official, the NMCM will inquire and review status of the case on a weekly basis. This is to ensure the case is not held for long length of period in any office or to see if there are any requests for AFW2 to provide additional information or documents. The request for SRB recoupment may take as long as 30 days to process.

Guideline 23. RCC/NMCM Employment Assistance. More than a checklist, this guideline defines key requirements/roles/collaboration efforts required from both care managers and the Employment Readiness Staff.

STEP	ACTION OWNER	NARRATIVE
1	WII Cell	Sends notification of each enrollment to the Career Readiness Section.
2	ER2L	Reviews RSM enrollment, collaborates with corresponding LC to determine appropriate time to begin career readiness counseling/preparation.
3	LC	Beginning in the Rehabilitation Phase of Care and no later than the Fitness Evaluation Phase of Care, the LC will educate the RSM on Operation Warfighter (OWF) opportunities (only applicable to those RSMs who have at least 6 months left on active duty). If RSM is interested, obtain a filled out Employments Questionnaire and updated Resume. Forward these documents (through DoD CMS) with RSM background information and RSM's intent to the appropriate
4	ER2L	ER2L will make contact with RSM and assist them through the OWF application process.
5	LC	<ul style="list-style-type: none"> - Once determined that the likelihood is the RSM will separate or retire as a result of not being medically fit, the LC will first assess and then educate RSM as it pertains to the following career readiness opportunities: - Assess: <ul style="list-style-type: none"> -- Does RSM want to work? -- Does the RSM want to go to school? -- Is RSM looking to obtain veteran assisted training? -- Does RSM have no intention to work? - If RSM has no plans to work as a result of his/her disabilities, assist them with Social Security Disability (SSDI), and counsel them on VA Unemployability, and VA Caregiver compensation programs. - If RSM is interested in going to school, assist RSMs with VA's Post 9-11 GI Bill or Montgomery GI Bill processes as applicable. http://www.benefits.va.gov/gibill/montgomery_bill.asp - Advocate/solicit/and provide link to Vocational Rehabilitation (VR&E). - Ensure RSM receives Career Readiness/Transitional Assistance at their local A&FRC as early as possible. <ul style="list-style-type: none"> -- Arrange one-on-one transitional assistance for RSMs w/ cognitive or severe injuries or illnesses. - If RSM wants to work emphasize the importance of a good resume and encourage them to start working on one immediately. Advise

		<p>them that they can obtain resume assistance through their local A&FRC.</p> <p>-- Combat Wounded Warriors or those with cognitive issues – If the RSM desires, arrange one-on-one Resume assistance with their local A&FRC</p> <ul style="list-style-type: none"> - Discuss & solicit for an upcoming C.A.R.E Employment Bootcamp - Provide link to Career Readiness closed Facebook Group - In general terms, introduce AF Civil Service Employment Program (AF CSEP/Schedule A/Central Salary Account (CSA) - If employment assistance is desired, ensure RSM is aware of who their ER2L is: <p><u>Employment Readiness Program Manager (ER2L)</u> Felicia McCollum Felicia.mccollum.3@us.af.mil 210-565-0804</p> <p><u>Western Region</u> Tina Chaney Tina.chaney.1.ctr@us.af.mil 210-565-3998</p> <p><u>Central Region</u> Moses Espinosa Moses.espinosa.ctr@us.af.mil 210-565-5227</p> <p><u>Eastern Region</u> Michelle Leiwig Michelle.leiwig.1.ctr@us.af.mil 210-565-3660</p> <ul style="list-style-type: none"> - Obtain Employment Questionnaire and RSM’s resume and forward to appropriate ER2L
6	ER2L	<p>As the SME, the ER2L will work directly with the RSM requesting employment assistance. This includes expertise counseling, identifying appropriate referral agencies or available resources, and process employment application requests. All actions will be documented in DoD CMS. ER2L will courtesy copy the LC on any correspondence sent to the RSM.</p>

Figure 10. Employment Opportunities

VA VR&E Assessment

Under title 38 of the United States Code (USC), Chapter 31, all recovering service members are entitled to vocational rehabilitation services if they incur a serious illness or injury that may prevent them from performing their military duties. Public Law 110-181 allows severely injured and ill service members access to all Rehabilitation and Vocational Benefits normally allowed by Veterans, except for monetary compensation. To establish this automatic entitlement, service members must file a VA Form 28-1900 and participate in a VR&E initial comprehensive evaluation. The ER2L will refer the RSM to the respective VRC and assist with all appropriate paperwork.

E2I/OWF

The Education and Employment Initiative (E2I) is a collaborative effort, led by Department of Defense (DoD), with support from Federal, non-profit and private agencies, to address the synchronization, integration and possible expansion of existing education and employment support efforts for wounded, ill, and injured service members. E2I postures the wounded, ill, and injured service member to transition from active duty to civilian life by fine-tuning their career readiness for placement opportunities prior to transition.

Operation Warfighter (OWF) is a Department of Defense (DoD) internship program that provides opportunities for wounded, ill, and injured service members to participate in internships with Federal agencies during their rehabilitation process. These Federal internships allow wounded, ill, and injured service members to develop and practice newly assessed and identified work skills in a non-military work environment.

The ER2L refer the RSM to the appropriate E2I/OWF representative; who will provide opportunities for the RSM to participate in job shadowing and/or federal internships. Additionally, the ER2L conducts periodic follow-up with RSM and/or appropriate Non-medical personnel.

AF Civil Service Employment Program (AF CSEP)/Schedule A

Special assistance for Air Force civil service employment consideration is available for Airmen enrolled in the Air Force Wounded Warrior Program. This assistance does not guarantee employment, but provides an additional avenue to help connect recovering service members with hiring managers interested in their skills and abilities. All recovering service members enrolled in the Air Force Wounded Warrior Program with a 30% (or more) Air Force or VA disability rating, are eligible to be referred for AF Civil Service employment consideration. Those with 70% (or greater) disability rating are also eligible for special funding. To be eligible for the Schedule A non-competitive appointment authority, an individual must provide proof of disability, which can be done with a letter provided by a physician/licensed medical professional, state or VA Vocational Rehabilitation Counselor. The letter does not disclose any personal medical history or the exact nature of the disability.

The AFW2 CSEP Coordinator acts as the program POC and liaison for RSMs. The CSEP Coordinator will ensure all necessary documentation is complete and accurate and forward to the relevant local Civilian Personnel Office and HQ AFPC/DP2ICR for coordination. The CSEP Coordinator ensures appropriate follow up action is conducted as required.

Warrior CARE Employment Boot Camp

The AFW2 Employment Readiness team offers a personalized, hands-on Employment Skills Boot Camp. This boot camp is designed to equip Recovering Service Members with tools necessary to obtain a position that is the right fit, at the right time to minimize employment gaps. This is accomplished through a focused curriculum that includes Self-Assessment, Develop "Me in 30-Seconds", Career Matching, Personal Branding, Networking, Interviewing skills with Mock Interviews, and one-on-one Resume Reviews.

Figure 11. Employment Assessment Worksheet

Air Force Wounded Warrior Employment Assessment Worksheet

"The information herein is For Official Use Only (FOUO) which must be protected under the Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties."

Name: <input style="width: 90%;" type="text"/>	Today's Date: <input style="width: 90%;" type="text"/>	Available Start Date: <input style="width: 90%;" type="text"/>
Briefly describe your employment goal(s): <input style="width: 100%; height: 20px;" type="text"/>		
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, list your preferred geographic location(s):		
1 <input style="width: 200px;" type="text"/>	2 <input style="width: 200px;" type="text"/>	3 <input style="width: 200px;" type="text"/>
Are you interested in (mark all that apply):		
Private Sector Employment <input type="checkbox"/> Air Force Federal Civil Service <input type="checkbox"/>		
Are you interested in employment with a specific employer/company? If so, list them here with any additional information you have about the company: <input style="width: 100%; height: 20px;" type="text"/>		
Preferred Career Field/Area(s) of Interest: <input style="width: 95%;" type="text"/>		Years of Experience?: <input style="width: 80px;" type="text"/>
Security Clearance (level/type): <input style="width: 150px;" type="text"/>	Expiration Date (if known): <input style="width: 150px;" type="text"/>	
Education (mark all that apply and for advanced degrees, please list major/areas of study):		
HS Diploma/GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate <input type="checkbox"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
Please list any other special skills, certifications or training you think may be pertinent to your job search: <input style="width: 100%; height: 20px;" type="text"/>		
Work Accommodations Necessary. If applicable, please describe (ie: sensitive to bright lights, use of service dog, lifting restrictions, wheelchair accessible desk, memory aids...). For more information on work accommodations, visit the Job Accommodation Network at www.askjan.org . <input style="width: 100%; height: 20px;" type="text"/>		
For federal employment: you must complete a federal resume using the USAJobs Resume Builder at www.usajobs.gov .		
For private sector employment: you must complete a 1-2 page private sector resume in an editable format.		
If you need assistance, please contact your Airman & Family Readiness Center. If you are not near a military installation contact the local Department of Labor American Job Center. Use the service locator at http://www.servicelocator.org/ to find the location nearest you.		
Additional information/Comments: <input style="width: 100%; height: 20px;" type="text"/>		
Return completed form, with resume(s) to your Recovery Care Coordinator or AFW2 Care Manager. If you do not know who your care manager is or have questions, please call 1-800-581-9437.		

Submit by Email

Guideline 24. Comprehensive Needs Assessment (CNA).

(Program SME: Ms. Verna Tmtrice, DSN 665-7914, verna.tmtrice.2.ctr@us.af.mil)

1. CNA Evolution and Purpose:

In providing support to the RSM and family and/or caregiver, the Recovery Care Coordinator (RCC) completes a CNA with the RSM and family and/or caregiver. The CNA shall identify all areas where the RSM/Family/Caregiver needs support

Conducting an assessment is an active process based on interviews with the RSM and family and/or caregiver and discussions with the Care Management Team (CMT). RCC/NMCM must address each category of the Needs Assessment located with DoD-CMS. The CNA is the catalyst to the RSM's road to recovery

The CNA is the core document to assess the needs of the RSM/family and/or caregiver. Once the initial CNA is complete, the RCC will develop a CRP which includes the RSM's goals, action steps, and resources required to meet those goals.

The RCC must maintain a minimum of 30-day contact from the date the CNA is complete IAW AFI 34-1101 and also when the RSM's phase of care changes. During this time, the RCC will review the progress of the CRP and assist the RSM as needed to complete CRP. Additionally, RCC's will assist the RSM with the changes to the CNA and CRP as their needs and goals evolve. The RCC's role is to "Assist" the RSM with accomplishing the RSM's goals, not to complete the goal(s) for the RSM. Our job is to help the RSM get to their new normal

2. CNA Timeline and Phase of Care:

After an RSM is identified and enrolled in the AF Wounded Warrior (AFW2) program, the RCC will make initial contact with the RSM and family and/or caregiver within 3-duty days and complete the initial CNA/CRP within 5-duty days. The RSM may have emergent needs and/or evolving goals at any time. Thus, the RCC will conduct subsequent CNAs within 5-duty days as the RSM enters a new phase of care (Recovery, Rehabilitation and Fitness Evaluation) to ensure the CRP remains a relevant document to the RSM. *Note: If the RCC is unable to document CNA within the 5-duty days, the RCC will write a detailed note with appropriate justification (to include expected accomplishment date) within 'contact details' tab in DoD Case Management System (DoD-CMS).*

3. CNA Categories:

The CNA categories are itemized within the 'Needs Assessment' window in DoD-CMS and mandatory for the RCC to review with the RSM and/or care giver. During an assessment, each category is discussed. See Figure 11 for examples of talking points when conducting the CNA.

4. Documenting CNA.

To document the CNA RCC's may use either The Needs Assessment PDF form located within DoD CMS as a guide, or the CNA word document (with the Triggers/Examples). RCC's will document compliance of the RSM's CNA in Contact Details with the following statement:

“On XXXXX I met with the RSM to conduct an interview, completed the comprehensive needs assessment IAW AFI 34-1101. RSM and I covered applicable areas within CMS’ Needs Assessment. All goals established are documented in the CRP”.

(Example: On 16 Jun, I met with the RSM to conduct the CNA. All mandatory categories in CMS Needs Assessment was discussed as applicable, IAW AFI 34-1101 and DoDI 1300.24. All established goals are documented in the CRP)

All subsequent discussions with the RSM in regards to identified goals must be captured in the "Notes Area" of the CRP. Additionally, RCC's will update the Contact Details to annotate the discussion w/ the RSM and what goal was discussed and updated in the CRP.

(Example: On 23 Jun, I met with the RSM to discuss Education and Transportation goals. See CRP for details Document the RSM's CNA using the Needs Assessment pdf attachment located in DoD-CMS)

See Case Management Assessment Checklist (Guideline #27) for examples of items to discuss within the mandatory categories when conducting a CNA.

Figure 12. Suggested talking points to discuss with member/caregiver for each Comprehensive Needs Assessment (CNA) category.

Administrative:

1. Verify contact and family information via DEERS
2. Advise member to get a copy of all medical records to include x-rays
3. Advise member to ensure all their personnel records are up to date
4. Advise member to complete the DD Form 214 worksheet in the vMPF once they receive their retirement orders.
5. Verify that member has attended TAP & Pre Sep briefing (check AFFIRST)
6. Insure a copy of the AF Form 356 and retirement orders are attached to DoD-CMS
7. Advise member to upload DD Form 214 in ebenefits or take a copy to the VA to ensure they are enrolled in the Health Medical System and to start receiving their disability compensation
8. Continue to encourage member to partake in CARE Events
9. If possible, befriend member on Facebook, Twitter, etc.

Awards:

1. Advise member to ensure all awards and decorations are updated in vMPF to include retirement decoration, if possible
2. Explain the importance of getting any combat award or operation medal updated

Benefits and Entitlements

1. Advise member that their last AD pay will be delayed by about two weeks because DFAS has to do a manual audit
2. Explain the timelines for retirement pay and the VA offset for those that have less than years of AD time
3. Explain CRDP for those member's that have at least 20 years of AD service
4. Ensure member has made their SBP election and explain this same form is what starts their retirement pay
5. Encourage member to apply for CRSC if they are combat related
6. If member is a separating combat-related DWS, ensure the severance pay is not taxed
7. Advise member to enroll in the VA healthcare program
8. Educate member on SGLI extension (if applicable)
9. Educate member on VGLI/FSGLI

Education/Training

1. Discuss Voc Rehab, encourage to make an appointment
2. Discuss Post 9/11

Employment

1. Apply for unemployment if applicable
2. Encourage AFW2 employment services
3. A&FRC for resume writing assistance

Family Support

1. Ask member if they have a good support system with family/friends
2. Advise member of services provided by the A&FRC

Financial

1. Assess if member needs financial assistance. Provide resources with AFA, Non Profits, AF Aid
2. Assess if member needs financial management counseling at A&FRC

Gender Specific

1. MST

Housing

1. Assess if member is staying in place or will be moving
2. Be sure member gets with TMO to do a HHG extension should they want to move at a later time

Legal

1. Encourage member to update their will
2. Discuss the need to for a power of attorney

Medical Care

1. Verify Tricare enrollment via GQID
2. Verify TAMP enrollment
3. Encourage member to get a 3 month supply of all medication as well as future refills
4. If member is relocating to a different Tricare region advise them to transfer their medical to that region

Spiritual/Psychological Health

1. Is RSM in counseling?
2. Does RSM attend Church?

Guideline 25. The following template provides mandatory format for weekly WAR inputs/submissions.

Warrior and Survivor Care Division

- **Number of Formal Office Visits w/ enrolled RSMs/Caregivers (RCCs):** _____
- **Total contacts made or received (RCCs/NMCMs):**
 - o **RSMs/caregivers:** _____
 - o **Support agencies (on or off base/local community/support agencies):** _____
- **Total non-OMAs assisted outside office (casual contact) (RCCs/NMCMs):** _____
- **Warm hand-off to VA (NMCMs):** _____

- **(C=Contractor)/(Installation Name)/(Follow this format and ensure each bullet has action/impact/Besides significant assistance (monetary or non-monetary) include your OMA cases initiated and Program Briefs/Outreach other than those provided to installation leadership)**
 - (C) (McChord) Coordinated with RSM's Mental Health Provider and requested CZTE Letter – resulted in \$645 for 2 months of non-taxable reimbursement.
 - (C) (Lackland) Engaged with 59 MDG/SGH, obtained physician approval allowing RSM continued respite care and transportation to and from medical appointments.
 - (C) (Scott) Assisted RSM in correcting erroneous monthly SBP premium charges of \$118 month.
 - (C) (Scott) Attended St Louis VA, OIF/OEF Transition Care Team Quarterly meeting. Provided input about AFW2 support to AF Wounded Warriors and received contacts to aid in warm handoff to VA services.
 - (Hickam) Assisted RSM with SKT exemption request for promotion consideration—ensured RSM was given timely/fair promotion consideration due to cognitive issues.
 - (C) (Wright Patterson) Advocated for RSM previously barred from installation. This barman order has now been lifted as a result of collaboration with the wing leadership team.
 - (C) NMCM contacted apartment housing for a wounded warrior to negotiate favorable terms to allow RSM to terminate his lease early, resulting in \$1,500 savings and avoidance of penalties.
 - (C) NMCM assisted Veteran with relocation from Newport News VA, to S.A. TX; set up employment for Veteran and also assisted Veteran with housing by requesting administrative fee waivers in the amount of \$540.00.
 - (C) Assisted RSM and spouse/caregiver on obtaining status of debt remission rebuttal—acquired all correspondence from former unit, local finance confirmed submission and requested status from DFAS.
 - (C) (Holloman) Attended patient team conference meeting with RSM's leadership and CMT to discuss plan of care for RSM—collaborated to ensure all options for continued recovery were covered.
 - (C) (Andrews) Assisted family of VSI RSM with obtaining \$500 from benevolent nonprofit agency to defray costs of lodging and per diem while awaiting NMA entitlements.

PEER Forum(s) (Date of Forum, Installation/Location, Attendance Information, Topic(s):

- 14 Jan 2016, Robins AFB A&FRC, 2 in attendance, Understanding PTSD
- Upcoming Peer Forum @ Robins AFB, 3rd Thurs monthly

High Visibility/Special Interest:

- RCC (Shaw) MSgt Doe, initiated a Congressional Complaint for not being appropriately rated, or informed during the MEB Process. She was given several Mental Health Diagnosis' by Military and Civilian Providers, however according to medical authority, the RSM insisted and was adamant having PTSD as the primary unfitting condition. After learning Anxiety Disorders typically generate TDRL, she became upset because she received a Temporary Rating, and also perceives other mental health condition(s) were not taken into consideration.

Commander Briefings: (Senior Leadership briefs only (list in chronological order):

- 13 Jan 16, Dover, briefed MDOS/C on AFW2 program and policies
- 14 Jan 16, Shriever, briefed First Sergeant Council on AFW2 program and policies
- 16 Jan 16, Luke, briefed LRS/CC Call on AFW2 program and policies

- 16 Jan 16, Warner Robins, briefed 116 ANG First Sergeants on AFW2 program and policies
- 16 Jan 16, Ellsworth, briefed 28 MDG/CC/SGH on AFW2 program and policies
- 16 Jan 16, Hickam, briefed 36 MXG/CC on AFW2 program and policies
- 16 Jan 16, Hickam, briefed 36 MXS/CC on AFW2 program and policies
- 16 Jan 16, Hickam, briefed 36 EAMXS/CC on AFW2 program and policies
- 16 Jan 16, Hickam, briefed 36 OG/CC on AFW2 program and policies
- 16 Jan 16, McGuire, briefed 87 MDL/CC on AFW2 program and policies
- 19 Jan 16, RAF Lakenheath, briefed 100 ARW/SARC on AFW2 program and policies
- 20 Jan 16, MacDill, briefed 6 MDSS/CC on AFW2 programs and policies
- 20 Jan 16, Hickam, briefed 36 WG/CC on AFW2 program and policies
- 20 Jan 16, Hickam, briefed 734 AMS/CC on AFW2 program and policies
- 20 Jan 16, JBLM, briefed 92 ARW/CC on AFW2 program and policies

Guideline 26. Case Management Assessment Checklist. The following is a snapshot of the AFW2 Case Management Assessment Checklist. While this checklist will not take the place of the CRP, it can help guide care managers through the entire continuum of care spectrum, and if used as a road map/guide can eliminate gaps in non-medical care. AFW2 care managers should keep this checklist on their desktop so they can refer to it when needed. This document can also be used as a starting basis to determine program training needs and requirements.

IDENTIFICATION: NMCM - Build case within 3 work days
WII Enrollment/Actions (See Guideline 1)
WII Cell/NMCM/ have role in updating initial information into DoD-CMS Client Info
9W RI - WII Cell will complete appropriate actions as designated in the AFW2 9W RI procedures/guidance (See Guideline 13)
WII Cell Update AFFIRST - Select "Edit Customer" Tab and select "AF Wounded Warrior" (See Guideline 14)
Utilize Personnel Systems to access documents - pull and post in DoD-CMS case file - Use Naming Convention/ex: example: vRED - Doe, John A
vRED (Verify marital status, dependents)
ARMS documents (as needed) Combat Medal Citations, EPRs etc.
Note: When reviewing MilPDS SURFs you may find MilPDS Code Speedy Reference as helpful
LONG SURF - use correct naming convention - MilPDS (Long) -Doe, John A
LOSS SURF - (optional)
PROMOTION SURF for AD Enlisted only (highly suggested)
Identify and work Personnel Issues:
Expiring ETS/DOS
Promotions/Testing
Awards & Decorations (Purple Heart?)
Evaluations (EPRs/OPRs) (Consider non-reporting period?)
High Year Tenure (HYT)
Assignment
Identify deployment history (if applicable)
"Q" Assignment Limitation Code - Exceptional Family RSM Program (EFMP)
"O" Selective Reenlistment Bonus
31 or 37 Assignment Availability Code
If Assigned to Airman Medical Transition Unit (AMTU) has RSM been gained with 9P RI?
UIF/Referral EPR/Control Roster to determine if possible Dual Action case
If at any time RSM is Dual Action, refer to Dual Action Assessment Checklist and use in conjunction with this Assessment
AFPC/DPSOR, Involuntary Separation Section OPR DSN 665-1445; dps.sep.dos.ets@us.af.mil
Transfer of 9/11 GI Bill http://www.benefits.va.gov/gibill/post911_transfer.asp (SEE FIGURE 10)
For facts sheets on all GI Bill Programs, to include Chapter 35 go to: http://www.benefits.va.gov/gibill/handouts_forms.asp
TAFMS - 6 years to qualify (Understand if transfer of benefits not accomplished prior to AAC 37 update will be to late)
Assess record and review past EPRs, SGLI Selection and any other pertinent documents as needed
Bronze Star, Purple Heart, Combat Action Medal (or any medal with valor device) (need to be annotated in DoD-CMS Decorations area)
DEERS (NMCM update CMS "Demographics" if necessary)
DEERS Family Application - update family RSM information in DoD-CMS
DEERS GIQD - Tricare Eligibility (if "OGP" is annotated they are receiving Medicare, select link and determine if they accepted Part A and B Medicare)
Facebook - Inquire if SM is active on Facebook. Provide instructions for searching for Wounded Warrior Care Manager Profile for updates to our program
If SOCOM RSM, identify other wounded warrior recovery services assigned (i.e., SOCOM Care Coalition, etc.); coordinate as applicable

RECOVERY: RCC LEAD
Allow SG personnel to perform their role first in catastrophic cases -- RSM's immediate medical recovery #1 priority before everything else
IS THERE A NEED FOR A FEDERAL RECOVERY COORDINATOR (FRC) (CAT 3 Catastrophic Injury)
DEMOGRAPHICS- CONFIRM WITH RSM (ALL RECOVERY PHASES ARE INITIAL ASSIGNMENTS; NMCM VALIDATES DEERS IN IDENTIFICATION)
PII Consent (located in Handout 1) (See Guideline 19)
VA Information Release to a 3rd Party - VA Form 21-0845 http://www.vba.va.gov/pubs/forms/VBA-21-0845-ARE.pdf Post in case file
Monitor VSI/SI Casualty Morning Report Update Messages. Go to Casualty SharePoint link.
Assess if EFMT/Non-med Attendant was requested/required
Is there a Family Liaison Officer (FLO) assigned? Confer w/ WII Cell
If FLO is assigned introduce that person to the caregiver if applicable
Assess needs and status of Line of Duty (LOD) if applicable LOD - AF IMT 348
Advanced Benefit Option (ABO) - if applicable contact Casualty Assistance Representative (CAR)
In the event RSM passes, contact CAR to ensure family has been contacted and Dependency and Indemnity Compensation (DIC) initiated
Send request to RTL to place case in inactive and update case disposition of RSM as "Closed" "Deceased" (See Guideline 10)
Initial Entry Trainees - Basic Military Trainees (BMT) and Cadets will undergo Legacy Evaluation System
TSGLI eligibility http://www.benefits.va.gov/BENEFITS/factsheets/insurance/TSGLI.pdf Request NMCM Assist as Needed, Refer to TSGLI Slide Brief
CZTE eligibility Request NMCM Assist as Needed
PAC eligibility Request NMCM Assist as Needed
9W RI - AFW2 9W RI consideration, Request NMCM Assist as Needed, (See Guidance 8)
Legal Assistance?
Counseling: Resources such as MFLC, Tricare Behavioral Health, Chaplain etc.,
Military & Family Life Counseling Program (MFLC) - http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC_Program_Brochure.pdf
Financial Needs - refer to Airman & Family Readiness Center
Housing
Support
Transportation
Pay - Contact Region Team Lead for DFAS Assistance
Social Security Disability Wounded Warriors http://www.ssa.gov/people/veterans/

REHABILITATION: RCC LEAD
If this is the Initial Phase of Care Assigned, review Recovery Phase; annotate applicable items before proceeding
New Phase of Care – CNA Requirement?
CRP Requirement
Consider if it is right time to provide AFW2 Handout 1, and work through each part of the document at the appropriate time
DEMOGRAPHICS- CONFIRM WITH RSM; UPDATE CMS
Send notification/contact A&FRC if RSM has condition that merits one-on-one transition assistance
If RSM is assigned to Airman Medical Transition Unit (AMTU)
Has RSM been gained with 9P RI?
Ensure PCS orders are not back dated and there is no debt incurred if so, contact NMCM for assistance
Ensure Government Travel Card (GTC) card is changed over immediately
Assist with Joint Spouse assignment issues if so, contact NMCM for assistance
Benefits/Entitlements/Special Programs - Collaborate with the RT and assist with resolution as needed for the following:
TSGLI eligibility http://www.benefits.va.gov/BENEFITS/factsheets/insurance/TSGLI.pdf Request NMCM Assist as Needed
CZTE eligibility Request NMCM Assist as Needed
PAC eligibility Request NMCM Assist as Needed
9W RI - AFW2 9W RI procedures/guidance (See Guidance 8)
Therapy and Service Dogs http://www.operationwearehere.com/militaryservicedogs.html
Educate RSM on Transfer of Education Benefit (TEB) - Post 9/11 GI Bill http://www.benefits.va.gov/gibill/post911_transfer.asp
For facts sheets on all GI Bill Programs, to include Chapter 35 go to : http://www.benefits.va.gov/gibill/handouts_forms.asp (SEE FIGURE 10)
If transferring 9/11 benefits, educate RSM on keeping one month for themselves in case they use VOCREHAB
MUST apply on line for TEB as soon as possible prior to the Fitness/Evaluation process (cannot have a code 37)
TAFMS - 6 years active or Selective Reserve and agrees to serve 4 additional years to qualify
Has at least 10 years active or Selected Reserve Service on date of approval
SCAADL Consideration, MUST BE A CAT 3
FRC REFFERAL Policy for SCAADL (See Guidance 13 & 16)
Assess for SCAADL eligibility -
Monitor Recertification/Reevaluation and suspense dates as appropriate (Use CRP Goals to suspense recertification dates!)
NMCM or RCC enter SCAADL Note in DoD-CMS
Advanced Benefit Option (ABO) - if applicable contact Casualty Assistance Representative (CAR) http://www.benefits.va.gov/insurance/forms/SGLV_8284.pdf
In the event RSM passes, contact CAR to ensure family has been contacted and Dependency and Indemnity Compensation (DIC) initiated
Send request to RTL to place case in inactive and update case disposition of RSM as "Inactive" "Deceased" See Guidance 3
Counseling: Resources such as MFLC, Tricare Behavioral Health, Chaplain etc., (ensure caregiver is aware)
Military & Family Life Counseling Program (MFLC) - http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC_Program_Brochure.pdf
Assess Financial Needs
Assess RSM /Family needs
Assess Housing needs
Does RSM have base housing; IF so, ensure NMCM IS AWARE
Assess Support system
Assess Transportation needs

Assess Pay Issues contact NMCM if pay issues occur
Educate RSM on National Resource Directory (NRD) https://www.nrd.gov
Non-Government Resources - frequently used:
AF Aid Society - Grants for combat related Veterans only
Fisher House (Hero Miles/Hotels for Heroes) http://www.fisherhouse.org/programs/hero-miles/
Red Cross http://www.redcross.org/find-help/military-families/financial-assistance
AF Association
United Way 211 http://www.unitedway.org/
Medical issues and Treatment
Social Security Benefits
Social Security Disability Wounded Warriors http://www.ssa.gov/people/veterans/
Computer Accommodations Program (CAP) ACTIVE DUTY STATUS http://cap.mil/
Permission to contact family in event of emergency - annotate in case file
Introduce to C.A.R.E./Adaptive Rehabilitation Sports Program (ARSP) (Recruit! Recruit! Recruit for next Event!)
Introduce Caregiver Program
Provide current year Caregiver Resource Directory
Introduce Recovering Airmen Mentorship Program RAMP
If RSM requests a Mentor and wants to be Mentee, notify RAMP PM and copy RTL and NMCM
Identify RSM Employment and Educational Goals, work with Career Readiness Region POC; Choose appropriate Service Code Note
Educate on USA Jobs and provide link: https://www.usajobs.gov/Search/GetAdvancedSearchResults
Educate on American Job Center and provide link http://jobcenter.usa.gov/
Active Duty - Provide information on Internships - Operation Warfighter Program (OWF)
Active Duty - Provide information on Education and Employment Initiative (E2I)
Educate on Security Clearance Cyber Training for ACTIVE COMPONENT
Defense Cyber Investigations Training Academy - https://www.dcita.edu/
Security Clearance - Type and expiration date - see for guidance on updating
Spouse Employment (Refer to A&FRC) for the following resources:
Provide information on Defense Spouse Education and Career Opportunities (SECO) for AD, ARC, Surviving Spouses - http://www.militaryonesource.mil/seco
Learning Counts Services for SECO - http://www.learningcounts.org/
Educate RSM on I-RILO Process and Outcomes
RTD with or without Assignment Limitation codes C, X, an Y
Educate RSM on Assignment Limitation Code 37
If RSM is RTD w/ no ALC (no limitations) proceed to Sustainment Phase of Care Assessment - contact NMCM to inform of status and if RI update is needed
If I-RILO determines RTD and SM was awarded 9W200/92W2, change RI to 9W000/92W0 (See Guidance 8)
If I-RILO RTD and C coded Proceed to Stabilization Phase of Care Assessment - (RCC LEAD)
If I-RILO approved, proceed with MEB/IDES Process, proceed to Fitness Evaluation Phase of Care Assessment (RCC Lead)

FITNESS EVALUATION -- RCC LEAD (until RSM receives orders & warm hand-off to NMCM occurs)
If this is the Initial Phase of Care Assigned, review Recovery & Rehabilitation Phase; annotate applicable items before proceeding
New Phase of Care - CNA Requirement?
Send notification to A&FRC if RSM has condition that merits one-on-one transition assistance
Refer RSM to Office of Airman's Council (OAC) for legal assistance for MEB, IPEB, VA Reconsideration and TDRL Reevaluations
Therapy and Service Dogs http://www.operationwearehere.com/militaryservicedogs.html
Introduce to C.A.R.E./Adaptive Rehabilitation Sports Program (ARSP)
Provide to RSM Application and Event Announcement
Introduce Caregiver Program
If RSM has caregiver (and not receiving SCAADL) NMCM update Contact Tab as "Caregiver Other" in the AFW2 Database
Provide RSM current year Caregiver Resource Directory
Introduce Recovering Airmen Mentorship Program RAMP
SCAADL Eligible? MUST BE A CAT 3
If applicable, Educate/plan for SCAADL 90 Day Post DOS
If RSM condition worsens, contact CAR for Advanced Benefit Option (ABO) - http://www.benefits.va.gov/insurance/forms/SGLV_8284.pdf
In the event RSM passes, contact CAR to ensure family has been contacted and Dependency and Indemnity Compensation (DIC) initiated
DIC VA Link: http://www.benefits.va.gov/BENEFITS/factsheets/survivors/dic.pdf
Send request to RTL to place case in inactive and update case disposition of RSM as "Deceased"
Collaborate with RT, to verify MEB/PEB status; identify if all unfitting medical issues are addressed (PTSD/TBI) and included in the NARSUM
Collaborate with RT, to identify/verify medical conditions that are unfitting are included in MEB/PEB
Computer Accommodations Program (CAP) ACTIVE DUTY STATUS http://cap.mil/
Educate RSM on the I-RILO/IDES process and Combat Related Definitions
NARSUM preparation for MEB
Ensure RSM is aware OAC is available
IPEB process
Board outcomes [RTD/TDRL/PDRL/Discharge with Severance (DwS)]
Ensure RSM is aware OAC is available for IPEB and TDRL Reevaluations
RSMs actions (accept findings/LAS/appeal to FPEB)
Limited Assignment (LAS) Review (if applicable, RSM briefed at start of IPEB process) for AD only
FPEB findings
SAFPC Appeal
VA Reconsideration for unfitting conditions
Ensure RSM is aware OAC is available for VA reconsiderations for unfitting conditions
VA Reconsiderations for all rated disabilities that are NOT unfitting - Disability Benefit Questionnaire (DBQ)
Educate RSM on the Legacy Evaluation System IF an Initial Entry Trainee and IS NOT undergoing IDES
IDES Exemption of Initial Entry Trainees - Basic Trainees and Cadets - Legacy Evaluation System
Educate Initial Entry Trainees that Legacy does not include VA evacuations; will receive AF rating when IPEB process is complete
Mandatory enrollment in VA Benefits Delivery at Discharge (BDD) /Quick Start Program once IPEB is finalized
Educate RSM on VA Vocational Rehab & Education (VR&E)
Is RSM aware can enroll in one of 5 Tracks while on Active Duty once enrolled in Integrated Disability Evaluation System (IDES)

Has VA Medical Service Coordinator (MSC), PEBLO, RCC or a Medical Authority referred RSM to VR&E counselor for an appointment
Has VA Form 21-0819, VA/DOD Joint Disability Evaluation Board Claim -(Referral Source) sent to VR&E counselor
Ensure they have set up their E-Benefits account (normally is set up at Transition GPS (formerly TAP))
Assess employment/educational/personal goals (See Guideline 23)
Educate on Security Clearance Cyber Training for ACTIVE COMPONENT (not Veterans)
Defense Cyber Investigations Training Academy (DCITA) http://www.dcita.edu
Security Clearance - Type and expiration date - see for guidance on updating
VMET; make corrections if necessary while at Transition GPS (formerly TAP)
Educate on USA Jobs and provide link: https://www.usajobs.gov/Search/GetAdvancedSearchResults
Type of work desired (part time or full time)
Educate on American Job Center and provide link http://jobcenter.usa.gov/
Review with AD RSM Operation Warfighter Program (OWF)
Review with AD RSM Internships - Education and Employment Initiative (E2I)
Educate RSM on Statement of Service, Schedule A and AFW2 Employment Worksheet
Discuss Resume - Federal and Civilian - Refer to A&FRC for assistance
Discuss Central Salaried Account (CSA) positions (applicable to combat related only)
Inform RSM to provide resume, AFW2 Employment Worksheet to our office for possible employment opportunities
Identify location RSM plans to relocate to for employment
Spouse Employment (Refer to A&FRC) for the following resources:
Provide information on Defense Spouse Education and Career Opportunities (SECO) for AD, ARC, Surviving Spouses - http://www.militaryonesource.mil/seco
Learning Counts Services for SECO - http://www.learningcounts.org/
Educate RSM on A&FRC Services and encourage participation (go as soon as possible in PEB process)
Pre-separation Briefing
5 Day Transition GPS Core Curriculum (includes DTAP)
(Mandatory for all AD ANG & AFR on orders 180 days or greater) - Schedule with A&FRC
Budget/Financial Counseling in preparation for transition and pay changes
RSM/Spouse Employment Assistance (resume writing, interview skills, networking, job fairs)
Educate on USA Jobs and provide link: https://www.usajobs.gov/Search/GetAdvancedSearchResults
Military and Family Life Counseling Program (MFLC) http://www.militaryonesource.mil/12038/MOS/Booklets/MFLC_Program_Brochure.pdf
Relocation Assistance
Troubleshoot Personnel/Financial related issues; assist with resolution as needed
Contact A&FRC to enroll in Budgeting Class as needed
Monitor status of IPEB in VTA, with RSM and RTL; INFORM RT ONCE IT IS KNOWN RESULTS HAVE BEEN PRESENTED TO THE RSM:
Contact RSM to verify receipt of IPEB results and inform of 10-day grace period to review/accept PEB findings (AF Form 356)
Ensure RSM is aware of OAC and will contact their office for guidance on options
Collaborate with RT on PEB status and PEB findings (only after RSM has been notified)
Review options with RSM (RTD/PDRL/TDRL/Discharge with Severance (DWS))
Educate RSM on TDRL Reevaluation process after DOS and Board Results and Options
Review FPEB Process -- Disability Counsel at DSN 473-4295 or email afpcja.disabilitycounsel@us.af.mil .
Review VA Reconsideration for UNFITTING CONDITIONS only
If Combat Related award appropriate RI once Retirement Orders are received

Educate on Combat Related Benefits
VA - refer to http://explore.va.gov/disability-compensation
Enrolling in VA health care program
When to obtain a VA ID Card and assignment of VA Primary Care Manager (PCM)
Discuss eligibility for using VA TCM
Assess if RSM has a copy of proposed VA rating letter
Educate on 50% disability rating or higher all medical is covered through VA
Educate OEF/OIF veterans will have 5 years free medical care under VA
Ensure RSM is enrolled in e-Benefits https://www.ebenefits.va.gov/ebenefits/homepage
VA Benefits by State http://www.veteranprograms.com/id136.html
VA FORMS (TO FIND ALL VA FORMS) http://www.va.gov/vaforms/search_action.asp
VA Dependency
VA - Disability Benefit Questionnaire (DBQ) TO FILE VA CLAIMS
RCC contact NMCM, and use instructions in Guideline 6 and checklist at Figure 2 to ensure all warm-handoff (RCC to NMCM) is accomplished.

REINTEGRATION/TRANSITION: NMCM LEAD (after the RSM receives retirement orders)
If this the initial Phase of Care Assigned, review Recovery, Rehabilitation & Fitness Phase and annotate applicable items before proceeding with this portion
DEMOGRAPHICS- CONFIRM WITH RSM; UPDATE DOD- CMS
New Phase of Care – CNA Requirement?
CRP updates
NMCM WILL VALIDATE DEERS AND DEMOGRAPHICS IN CMS AND UPDATE AS NEEDED
Continual contacts very important as all transitional assistance items must be addressed w/ DOS nearing
Selective Reenlistment Bonus (SRB) Recoupment (See Guidance 23)
Verify if RSM was entitled to future retention/SRB payments - Active Duty
If Combat Related they are authorized to receive future unpaid payments
Verify if RSM is pending a promotion
If not identified in previous phases of care & RSM has line number prior to their DOS, CC can request except to policy for promotion without retainability
Reporting Identifier (RI) 9W - UPDATE ONCE ORDERS ARE RECEIVED (See Guidance 13)
Remove combat related RI from MilPDS RSM was awarded the RI and the IPEB DID NOT FIND THE RSM COMBAT RELATED
Replace with 9W300 or 92W3 if appropriate (NON COMBAT) (Guidance 8)
IF IPEB determines RSM is combat related, update the applicable 9W200/92W2 RI in MilPDS/AFFIRST (Guidance 13)
Permission to contact family in event of emergency (update as part of DoD-CMS case notes)
Advise RSM on - "Q" Assignment Limitation Code - Exceptional Family RSM Program (EFMP) if married to active duty military
NMCM Educate RSM on Pay Entitlements - Provide DFAS Link -- https://mypay.dfas.mil
REFER also TO ANG AND AFR CHECKLIST FOR ADDITIONAL PAY ENTITLEMENTS
Review DFAS pay record NLT 20th day of month prior to initial scheduled payment
Discuss VA recoupment (none for combat) for Severance Pay
Taxable income (combat vs. non-combat)
Did Enlisted RSM take REDUX; if so will impact those with 20 active duty years and eligible concurrent receipt (CRDP)
Discuss gap in pay during the 30 days after DOS
Timeframe on getting final pay (30 days to set up retired pay account/finalize final pay)
Retired pay offset by VA (if RSM has less than 20 years of AD)
CRDP (for RSMs over 20 years AD, and AD TERA with VA rating 50% or more)
CRSC (combat only)
Discuss Bonus Repayment (Combat Related Only receive remainder of bonus) (See Guidance 22)
Ensure DFAS/Benefits/Entitlements is updated in CMS
Educate on DFAS Remittance Waiver
Discuss gap in pay, Final Pay Computation and VA payment timeline
Ensure correct dependent rate has been applied - provide VA dependent verification form if necessary
Verify if RSM is pending a promotion
Verify RSM updated vRED
Push service RSM to A&FRC for budget/financial counseling or send budget excel spreadsheet to RSM/family
Therapy and Service Dogs http://www.operationwearehere.com/militaryservicedogs.html
Legal Documents (Will)

Transition GPS Transition GPS (VMET & Other Programs)
Verify RSM has attended Pre-Sep briefing (check AFFIRST)
Verify RSM has attended Transition GPS (check AFFIRST)
Verify RSM has had AD SBP briefing (look in ARMS for DD form 2656) (Retired Only)
IN THE EVENT THERE IS AN ISSUE WITH SBP ELECTION, PLEASE REFER TO AFPC/DPFF
Decorations
Purple Heart
Educate on National Personnel Records Center (NPRC) to request retired, dependents medical and retired military service records
Educate RSM on Home of Selection Extension
Advise RSM to gather username/passwords to applications they will need after retirement
Advise once CAC is surrendered, will not have access to applications needed once they retire such as retrieval of FINAL DD Form 214 within 60 Days of DOS
Ensure RSM has a copy of AF Form 356 & Orders (file copies in DoD-CMS)
Advise RSM to fill out DD 214 worksheet in vMPF (once RSM has orders)
Ensure RSM is enrolled in e-Benefits https://www.ebenefits.va.gov/ebenefits/homepage
GI Bill - For facts sheets on all GI Bill Programs, to include Chapter 35 go to : http://www.benefits.va.gov/gibill/handouts_forms.asp
Update DOS IN DoD-CMS
Pull MilPDS LONG SURF and verify SPD code is correct on orders and post in DoD-CMS
Ensure RSM has a copy of the proposed VA rating Letter
Verify RSMs personnel records are current/updated
Advise RSM to obtain a copy of all military/civilian medical records
Advise RSM to go to Personnel Records Display Application (PRDA) for downloading records before DOS
Provide to RSM Application and Event Announcement; Forward completed applications to C.A.R.E. or Event POC and RTL (Recruit! Recruit! Recruit!)
Provide to RSM Application and Event Announcement; Forward to Adaptive Sports and Copy RTL and NMCM
Introduce to VA Adaptive Sports Program http://www.va.gov/adaptivesports/
Caregiver Program
If RSM has caregiver (and not receiving SCAADL) NMCM update Contact Tab as "Caregiver Other" in the AFW2 Database
Provide current Caregiver Resource Directory
VA Caregiver Resources
Recovering Airmen Mentorship Program RAMP
If RSM requests a Mentor and wants to be Mentee, notify RAMP PM and copy RTL and NMCM
Introduce to VA PEER Programs - www.MakeTheConnection.net
Review National Resource Directory (NRD) and Non-Government Resources https://m.nrd.gov
REVIEW SCAADL
SCAADL MUST BE A CAT 3
FRC REFFERAL Policy for SCAADL
Assess for SCAADL eligibility -
Monitor Recertification/Reevaluation and suspense dates as appropriate
NMCM or RCC enter SCAADL Note in DoD-CMS
NMCM check Contact Tab and confirm Caregiver SCAADL identified
If applicable, obtain 90 Day Post DOS Extension request from MCM
VA Caregiver Program Criteria http://www.caregiver.va.gov/ http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf
Discuss Aide and Attendance http://www.benefits.va.gov/BENEFITS/factsheets/limitedincome/EnhancedorSpecialPension.pdf

Terminally Ill
If RSM condition worsens, contact CAR for Advanced Benefit Option (ABO) is appropriate http://www.benefits.va.gov/insurance/forms/SGLV_8284.pdf
In the event RSM passes, contact CAR to ensure family has been contacted and Dependency and Indemnity Compensation (DIC) initiated DIC VA Link: http://www.benefits.va.gov/BENEFITS/factsheets/survivors/dic.pdf
Send request to QAE to place case in inactive and update case disposition of RSM as "Deceased"
REVIEW WITH RSM on health care options: VA, inTransition Program and TRICARE
Recommend RSM get a 3 month supply of all medications prior to Sep/Ret (if applicable)
VA Information review - refer to http://explore.va.gov/disability-compensation
Enrolling in VA health care program
When to obtain a VA ID Card and assignment of VA Primary Care Manager (PCM)
Discuss eligibility for using VA OEF/OIF/OND Coordinator
Assess if RSM has a copy of proposed VA rating letter
Educate on 50% disability rating or higher all medical is covered through VA
Educate OEF/OIF veterans will have 5 years free medical care under VA
Ensure RSM is enrolled in e-Benefits https://www.ebenefits.va.gov/ebenefits/homepage
VA Benefits by State http://www.veteranprograms.com/id136.html
VA FORMS (TO FIND ALL VA FORMS) http://www.va.gov/vaforms/search_action.asp
GI Bill Programs, to include Chapter 35 go to : http://www.benefits.va.gov/gibill/handouts_forms.asp
VA Caregiver Program Criteria http://www.caregiver.va.gov/ http://www.caregiver.va.gov/pdfs/CaregiverFactSheet_Apply.pdf
InTransition for Behavioral Health - inTransition Program
TRICARE
TRICARE - REVIEW OPTIONS WITH THE RSM
http://www.tricare.mil/factsheets/ ; http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/AD_to_Ret_FS.pdf
Determine Regions they will reside in http://www.tricare.mil/regionalinfo/
In the event RSM is combat related educate Prime Benefit locked in at rate at time of retirement; rate will never go up
TRICARE Standard http://www.tricare.mil/~media/Files/TRICARE/Publications/Handbooks/TSE_HBK.pdf
US Family Health http://www.tricare.mil/usfhp/
Transitional Assistance Management Program (TAMP) Severance only
Tricare Retiree Dental http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/Dental_FS.pdf
Tricare for Life and Medicare Eligibility http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/TFL_FS.pdf
Tricare Pharmacy http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/Pharmacy_FS.pdf
Social Security Disability Wounded Warriors http://www.ssa.gov/people/veterans/
Assist with application and track outcome
Employment and Education Goals
Educate on Security Clearance Cyber Training for ACTIVE COMPONENT (not Veterans)
Defense Cyber Investigations Training Academy (DCITA) http://www.dcita.edu
IF ACTIVE STATUS OR ACTIVE DUTY - Security Clearance - Type and expiration date - see for guidance on updating
Educate RSM on VA Voc Rehab & Education (VR&E)
Educate on American Job Center and provide link http://jobcenter.usa.gov/
Educate on USA Jobs and provide link: https://www.usajobs.gov/Search/GetAdvancedSearchResults
Type of work desired (part time or full time)

Review with AD RSM Internships - Education and Employment Initiative (E2I) -
Educate RSM on Statement of Service, Schedule A and AFW2 Employment Worksheet
Discuss Resume - Federal and Civilian - Refer to A&FRC for assistance
Discuss Central Salaried Account (CSA) positions
Inform RSM to provide resume, AFW2 Employment Worksheet to our office for possible employment opportunities
Identify location RSM plans to relocate to for employment
Spouse Employment (Refer to A&FRC) for the following resources:
Provide information on Defense Spouse Education and Career Opportunities (SECO) for AD, ARC, Surviving Spouses - http://www.militaryonesource.mil/seco
Learning Counts Services for SECO - http://www.learningcounts.org/
Monitor financial issues-refer to resources - use National Resource Directory (NRD) and Non-Government Resources: https://m.nrd.gov
Fisher House (Hero Miles/Hotels for Heroes) http://www.fisherhouse.org/programs/hero-miles/
Red Cross http://www.redcross.org/find-help/military-families/financial-assistance
AF Association
United Way 211 http://www.unitedway.org/
A&FRC for Budgeting Class with their PFM
VA Life Insurance Programs - USE VA LIFE INSURANCE FOLDER
Educate RSM on Servicemembers' Group Life Insurance (SGLI) Disability Extension and how to apply
http://www.benefits.va.gov/BENEFITS/factsheets/insurance/SGLI.pdf
Educate on SGLI-D Accelerated Benefit Option (ABO)
Educate RSM on Veterans Group Life Insurance (VGLI) and how to apply
http://www.benefits.va.gov/BENEFITS/factsheets/insurance/VGLI.pdf
Educate on VGLI Accelerated Benefit Option (ABO)
Educate RSM on Family Coverage under Service Group Life Insurance (FSGLI) and how to transfer benefits
Educate RSM on Service Group Life Insurance Traumatic Injury Protection Program (TSGLI) [if applicable]
TSGLI eligibility http://www.benefits.va.gov/BENEFITS/factsheets/insurance/TSGLI.pdf
Educate RSM on Service-Disable Veterans' Insurance (S-DVI) http://www.benefits.va.gov/BENEFITS/factsheets/insurance/SDVI.pdf
Educate RSM on Veterans Mortgage Life Insurance (VMLI) http://www.benefits.va.gov/BENEFITS/factsheets/insurance/VMLI.pdf
Monitor financial issues and refer to resources - use National Resource Directory (NRD) and Non-Government Resources:
NRD: http://www.nrd.gov
Fisher House (Hero Miles/Hotels for Heroes) http://www.fisherhouse.org/programs/hero-miles/
Red Cross http://www.redcross.org/find-help/military-families/financial-assistance
AF Association
United Way 211 http://www.unitedway.org/
A&FRC for Budgeting Class
Social Security Disability Wounded Warriors http://www.ssa.gov/people/veterans/
When RSM DOS occurs, go to Stabilization phase

STABILIZATION/RESOLUTION: NMCM LEAD
If new case, review Fitness Evaluation/Reintegration/Transition before proceeding
RETURN TO DUTY from IRILO - RCC IS THE LEAD for RTD cases that are C coded- CONDUCT QUARTERLY CONTACTS; REQUEST NMCM PULL MILPDS LONG
RCC CONFIRM DEMOGRAPHIC INFORMATION
RCC REQUEST NMCM CHECK DEERS FAMILY
NMCM pull MilPDS LONG - confirm Code 37 has been removed and send to RCC and post in Document folder
NMCM pull MilPDS LONG quarterly and post in Document Folder to determine if RSM's status has changed and post in Documents folder
Inform RSM they will be monitored quarterly and to inform our program in the event the MEB process is initiated- send letter
If SM was awarded 9W200/92W2, confirm in MilPDS change RI to 9W000/92W0
Educate on Assignment Limitation Codes (ALC) (X,Y and C)if applicable
If IRILO C-Coded RSM, suspense date of reevaluation to determine if condition has changed
If RSM is reassigned (PCS) ensure case is transferred to the appropriate Region
NMCM Update Case Disposition in DoD-CMS
NMCM LEAD
DWS - IDES Completed - Veteran Status - Complete checklist & submit for Sustainment when Benefits/Entitlements/Employment established
PDRL - IDES Completed - Veteran Status - Complete checklist & submit for Sustainment when Benefits/Entitlements/Employment established
TDRL - IDES Completed - Veterans Status - Reevaluation will be required
TDRL - maintain in Stabilization until final disposition of reevaluation(s), then prepare case for Sustainment
Verify RSM understands TDRL Re-evaluation process
Maintain quarterly contact to ensure TDRL Reevaluation is scheduled and prepare RSM
Once results of reevaluation have been received, provide estimates of how pay will be impacted if proposed disability ratings change
Check DFAS quarterly to ensure RSM's status has not changed to PDRL or DWS
The following applies to TDRL, PDRL AND DWS SM'S
Verify RSM has received DD Form 214
DEERS
Verify DEERS information is correct to reflect RSM is retired
Link to DEERS to correct address https://www.dmdc.osd.mil/appj/bwe/indexAction.do
DEERS GIQD - Tricare Eligibility (if "OGP" is annotated they are receiving Medicare, select link to determine Part A and B Medicare)
DEERS GIQD - For Severance only -- Verify TAMP enrollment for those who qualify
Ensure RSM is aware of healthcare options
Verify that continued healthcare/therapy is in place (possible use of In Transition Program)
Adaptive Sports (AS)
Provide to RSM Application and Event Announcement; Forward to Adaptive Sports and Copy RTL and NMCM
Introduce to VA Adaptive Sports Program http://www.va.gov/adaptivesports/
Caregiver Program
If RSM has caregiver (and not receiving SCAADL) NMCM update Contact Tab as "Caregiver Other" in the AFW2 Database
Provide Caregiver Resource Directory http://warriorcare.dodlive.mil/files/2014/10/00212-1971_Caregiver-Resource-Directory-October-2014-2.pdf
VA Caregiver Resources
Recovering Airmen Mentorship Program RAMP
If RSM requests a Mentor and wants to be Mentee, notify RAMP PM and copy RTL and NMCM
Introduce to VA PEER Programs - www.MakeTheConnection.net

SCAADL
If applicable, terminate SCAADL if VA Caregiver Stipend OR Aide and Attendance is in place
NMCM update Contact Tab with appropriate type of Caregiver
If RSM condition worsens, contact CAR for Advanced Benefit Option (ABO) - http://www.benefits.va.gov/insurance/forms/SGLV_8284.pdf
In the event RSM passes, contact CAR to ensure family has been contacted and Dependency and Indemnity Compensation (DIC) :
DIC VA Link: http://www.benefits.va.gov/BENEFITS/factsheets/survivors/dic.pdf
Send request to QAE to place case in inactive and update case disposition of RSM as "Deceased"
REFER TO REINTEGRATION PHASE FOR LINK FOR THESE VA INSURANCE PROGRAMS AS NEEDED
Ensure RSM is aware and has made VA Life Insurance Choices in a timely manner
Determine if RSM had SGLI Disability Extension Insurance
Determine if RSM had SBP
Determine if RSM had VGLI Insurance
Determine if RSM had VMLI
Determine if RSM had SDV-I
VA
Verify VA enrollment
Educate how to read and understand the VA ratings letter
Special Monthly Compensation (SMC) http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/smc.pdf
Individual Unemployability (IU) http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/IU.pdf
VA FORMS (TO FIND ALL VA FORMS) http://www.va.gov/vaforms/search_action.asp
Request RSM email copy of VA ratings letter (helpful in the event SM is unable to find their copy)
Advise RSM to take copy of DD 214 to the VA to finalize the disability claim
VA Location to turn in DD Form 214 http://benefits.va.gov/benefits/offices.asp
Therapy and Service Dogs http://www.operationwearehere.com/militaryservicedogs.html
Monitor/troubleshoot financial issues--National Resource Directory (NRD) & Non-Government Resources: https://m.nrd.gov
AF Aid Society for combat related only - Grants (RSM can go to A&FRC to apply for grant)
Fisher House (Hero Miles/Hotels for Heroes) http://www.fisherhouse.org/programs/hero-miles/
Red Cross http://www.redcross.org/find-help/military-families/financial-assistance
AF Association
United Way 211 http://www.unitedway.org/
A&FRC for Budgeting Class
Refer RSM to community support agencies (if applicable)
DFAS
Verify pay and entitlements data are documented using DFAS Template and post in DOD-CMS "Contact Details
Verify retired pay account has been established at DFAS within 20 days post DOS (update DFAS tab) TDRL and PDRL
Verify VA waiver has been applied correctly to retired pay TDRL and PDRL
Ensure correct dependent rate has been applied - provide VA dependent verification form if necessary
Verify severance pay was processed (combat related cases are not taxed)
Assist RSM with filing CRSC application (if applicable)
MUST HAVE DD FORM 214 AND VA WAIVER APPLIED TO RETIRED PAY

Provide application for AS events as requested
As needed, educate and encourage RSM to participate in VA Caregiver Program and RAMP
In the event the RSM passes after his DOS
If family contacts RCC or NMCM refer to nearest casualty office for assistance
Determine if RSM had SGLI Disability Extension Insurance
Determine if RSM had SBP
Determine if RSM had VGLI Insurance
Determine if RSM had VMLI
Determine if RSM had SDV-I
Send request to QAE to place case in inactive and update case disposition of RSM as "Deceased"
Sustainment Preparation

DUAL ACTION
NMCM Monitor Dual Action Processing package through the Case Management System (CMS)
AFPC/DPSOR, Involuntary Separation Section DSN 665-1445; dps.sep.dos.ets@us.af.mil
Prepare RSM to start making plans ASAP for possible separation within hours/days if final determination is Admin Separation
Discuss service characterization and benefits based on character of service
Other Than Honorable Discharge http://www.va.gov/healthbenefits/resources/publications/IB10-448_other_than_honorable_discharges11_14.pdf
Contact VA at location RSM will relocate to ASAP to determine eligibility if OTH discharge
Determine support network (counseling, 1st Sgt, chaplain, etc.); identify support system after discharge (family, friends, etc.)
Determine current financial situation; NMCM should contact CRC to request AFAS grant, if necessary, and setup budget analysis
Transition; determine where RSM will live; request RSM contact TMO for possible benefits
Determine shelters in local area RSM will relocate to that can assist with housing, food and medical if necessary
GI Bill - has RSM converted to Post 9/11?
Determine if an approved Post 9/11 Transfer is voided if OTH discharge
Determine eligibility to utilize GI Bill in event RSM receives based on Discharge http://www.benefits.va.gov/benefits/character_of_discharge.asp
Aftercare; ensure 90 days of meds (go through MCCM if necessary)
Discuss InTransition Program for assistance for behavioral health care support http://intransition.dcoe.mil/service-RSMs
Assist RSM in applying to Discharge Review Board (DRB) (DD Form 293) to change discharge characterization and Reenlistment Code if necessary
DD Form 293 : http://www.dtic.mil/whs/directives/forms/eforms/dd0293.pdf
Assist RSM in to the Board of Correction of Military Records (BCMR) (DD Form 149) if necessary
DD Form 149: http://www.dtic.mil/whs/directives/forms/forminfo/forminfo2137.html

AF RESERVE /AIR NATIONAL GUARD
Identification
MILPDS
LONG SURF - Determine if Active Guard Reserve (AGR) , Technician, Traditional, IMA - See Tutorial
HYT - Service RSM must go through their unit and request a waiver to allow for an extension to their mandatory DOS
ETS - Ensure extension has been accomplished to prevent RSM from going erroneously into the Inactive Ready Reserve (IRR)
"Q" Assignment Limitation Code - Exceptional Family RSM Program (EFMP) Only if Active Guard Reserve (AGR)
POINTS CREDIT SUMMARY (PCARS) History - "Check for Good Years" may be eligible for 20 year Reserve Retirement - See Tutorial
Educate AFR AND ANG on myPERS for personnel actions such as retirement points
IN EVENT RSM IS CLOSE TO 20 GOOD YEARS, discuss timing of MEB/IDES
If RSM is on an Active Duty Order contact Air Reserve Component Case Management Division (ARC-CMD) "MEDCON Cell"
If RSM is on Title 10 (AFR OR ANG) or 32 (ANG only) MEDCON orders, RPA MEDCON (AFR ONLY)
TRS - has Tricare Reserve Select (traditional ANG/AFR - Standard Coverage - approx. \$200 per month per family) optional
"NO MEDICAL COVERAGE" in DEERS if traditional ANG/AFR
TRICARE PRIME - on active duty status or on an AGR tour
If applicable, verify in DEERS Family screen if RSM is in civil service and confirm if either a Federal Technician or Reserve Technician
RECOVERY
Interim LODs can be issued to allow for medical care and to cut AD orders for care - for criteria for LOD
TSGLI eligibility if RSM has SGLI and only to the amount they are covered for
REHABILITATION
In the event the RSM is denied care with an approved LOD or interim LOD, send RSM handout on eligibility
Determine if RSM has a VA rating and receiving benefits
If not eligible for MEDCON, RSM may file for INCAP at their unit (must have an approved LOD)
Is RSM either a Federal Technician (ANG) OR Air Reserve Technician (ART) - AFR as identified in MilPDS
In event IRILO approves MEB, technicians may lose their civil service positions if medical retired via IDES
Advise RSM to go to their civilian personnel office (CPO) to determine their options such as a lateral move or medical retirement
For ART ONLY, if combat related by IDES; inform CPO- (if medical authority states they can do Part A of job description can remain until retirement eligible)
SCAADL
MUST HAVE APPROVED LOD TO REQUEST SCAADL
I-RILO
IRILO PROCESS - requests sent to ANG/SG and AFR/SG; if approved, RSM will proceed with IDES
In event ANG/AFR SG C-Codes the RSM:
Send notification to A&FRC (ANG MAJCOM if applicable) if RSM is combat related or has condition that merits one-on-one transition assistance
In the event RSM was awarded combat related AFSC during initial assignment to AFW2 program, determine when one year reevaluation for RI is needed
Rational is that AFR and ANG RSMs can take over a year for their LODs to be approved to begin the IDES process
If RSM is on MEDCON orders, contact with ARC-CMD Medical Case Manager assigned for extensions and continuity of care
If RSM is on MPA orders, contact ARC-CMD Medical Case Manager assigned for extensions and continuity of care
INCAP - if RSM is no longer eligible for MEDCON or MPA, ensure request for INCAP through unit is initiated (must have an approved LOD)
If eligible for 20 year Reserve Retirement at age 60; did they request 20 year letter?
IDES
If RSM has VA appeal it must be removed in order for VA to adjudicate their IDES claim
EDUCATE IMPACT OF AF RATING OF 20% OR LESS WILL RESULT IN SEVERANCE (DwS)

They can elect to either transfer into the ISLRS and retire at age 60 with a reserve retirement or accept the severance pay -letter to mbr
TDRL/PDRL - brief that if they have "20 Satisfactory Years" in the ANG or AFR , it will not result in concurrent receipt until age 60
Educate RSM can go to myPERS to learn about RRPA and application procedures
Reduces Reserve retired pay by 3 months for each cumulative 90 days of qualifying active duty performed within a FY
Effective date of the law is 29 Jan 08
Transition GPS - (Goals Plans and Success) Workshop
GPS IS NOT MANDATORY FOR ANG AND AFR UNLESS ON AD ORDER OF 180 Days OR GREATER
PRESEPARTION BRIEFING IS REQUIRED
ENSURE THEY HAVE THE SBP BRIEFING FOR ACTIVE DUTY!
RETIRED PAY
VA Waiver - if RSM has VA rating and receiving benefits, ensure DFAS applies VA Waiver to prevent concurrent receipt
Review concurrent receipt (CRDP) at age 60 (WITH VA RATING OF 50% OR GREATER) for 20 satisfactory years in ANG/AFR
LINK http://www.dfas.mil/retiredmilitary/disability/crdp.html
If eligible for 20 year Reserve Retirement at age 60; did they request 20 year letter? If so check DFAS screen MBRENT
Review Reduced Retired Pay Age (RRPA) based on AD Contingencies served - REDUCTION AS EARLY AS AGE 50
REINTEGRATION/TRANSITION
Transition GPS NOT MANDATED unless on AD order 180 days or greater
ANG - State Transition Assistance Advisors (TAAs) can assist ANG RSMs with Transition
Verify RSM has had the Active Duty SBP briefing (look in ARMS for DD form 2656)
IN EVENT AFR OR ANG RSM HAS AN ERROR WITH SBP SELECTION, REFER TO AFPC/DPFFF - SBP OFFICE
Ensure RSM has plan in place to out-process their unit/base
ANG/AFR on AD order via MEDCON orders or MPA receive DD Form 214s if their unit requests from ARPC
Traditional ANG/AFR WILL NOT BE ISSUED A DDFM 214; will need DD Form 214 that covers period when injury occurred - check in ARMS
ANG should receive NGB Form-22 that summarizes their service; check in ARMS
If an AGR ONLY - Advise RSM to fill out DD Form 214 worksheet in vMPF (once RSM has orders)
STABILIZATION/RESOLUTION
Confirm in DEERS RSM is retired and not placed in reserve retirement (NOT THE PINK CARD) this impact eligibility for Tricare etc.,
VA ENROLLMENT
ANG/AFR who are not on AD at time of separation are not provided DD Form 214; ensure they take all DD Forms 214s to the VA, priority DDFM 214 that covers injury
ANG/AFR who are on MEDCON and MPA orders will receive DD FM 214; BUT unit must request from ARPC
ANG are issued NGB- Form 22 that provides that provides a recap of their service during the timeframe served
AGRs will receive a DD Form 214
DFAS
If RSM has "20 year Letter" check "MBRENT" screen to validate DFAS has received notification from ARPC
Verify VA waiver has been applied correctly to retired pay TDRL and PDRL
If RSM had VA rating prior to IDES, ensure DFAS is aware prevent concurrent receipt of VA and AF retirement

Figure 13. Transfer Post 9-11 GI Bill Education Benefits Fact Sheet

WHAT IS THE POST-9/11 GI BILL TRANSFER OF EDUCATION BENEFITS (TEB) PROGRAM?

The Post-9/11 GI Bill Transfer of Education Benefits (TEB) program is designed to improve military recruiting and retention and is only available to eligible Active Duty and Selected Reservists serving on or after 1 August 2009.

WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR TEB APPROVAL?

Members must complete at least 6 years of service (Active Duty and/or Selected Reserve) on the date of application, agree to serve 4 additional years from the date of request, and have eligible dependents in DEERS to be approved for TEB (IAW AFI 36-2649, *Voluntary Education Program*, Attachment 13, A13.18.1.1.1 & A13.18.2.1).

ARE MEMBERS FACING A MEDICAL EVALUATION BOARD (MEB) OR PHYSICAL EVALUATION BOARD (PEB) ELIGIBLE FOR TEB APPROVAL?

Yes. The service member must have an approved application for TEB prior to a MEB/PEB. Members undergoing the MEB/PEB process are eligible to transfer benefits to dependents as long as they have served 6 years on Active Duty and/or Selected Reserve as of 1 August 2009 and can meet the 4 year retainability requirement on the date of request.

WILL MEMBERS PREVIOUSLY APPROVED FOR TEB AND SEPARATED/RETIRED THROUGH THE MEB/PEB PROCESS LOSE TEB BENEFITS?

No. The member will retain TEB benefits (IAW AFI 36-2649 13.18.8.5).

WHAT IF A MEMBER HAS NOT APPLIED FOR TEB PRIOR TO A MEB/PEB DECISION? CAN THEY APPLY FOR TEB?

Yes, members can apply via the MilConnect website; however, if the member does not have retainability, the application will be rejected. Additionally, if Assignment Availability Code (AAC) 37 is applied to the MILPDS record, the member is ineligible to secure retainability and the TEB application will be rejected. If the MEB/PEB determines the member is fit for duty and the code 37 is removed from MILPDS and the member has required retainability, the member should contact the Total Force Service Center for assistance.

Figure 14. Acronyms

A4L – Airman for Life
ABO – Accelerated Benefits Option
AFA – Air Force Association
AFAS - Air Force Aid Society
AFFIRST – Family Readiness Database
AFR – Air Force Reserve
A&FRC – Airman and Family Readiness Center
AFW2- Air Force Wounded Warrior Program
AFMOA – AF Medical Operating Agency
AFSAP – Air Force Survivor Assistance Program
AGR – Air Guard Reserve
AHLTA – Armed Forces Longitudinal Technology Application
AMTU – Airman Medical Transition Unit
ANG – Air National Guard
ARC – Air Reserve Component
ART – Air Reserve Technician
AS – Adaptive Sports
BCMR – Board of Corrections of Military Records
BDD - Benefits Delivery at Discharge
CAP – Computer Accommodations Program
CCM – Clinical Case Manager
CIP – Combat-Related Injury & Rehab Pay
CMR – Casualty Morning Report
CMT – Case Management Team
CPO – Civilian Personnel Office
CRC – Community Readiness Consultant
CRDP – Concurrent Retired Disability Pay or Concurrent Receipt Disability Pay
CRP – Comprehensive Recovery Plan
CRSC – Combat Related Special Compensation
CSA – Central Salary Accounts
CZTE – Combat Zone Tax Exclusion
DAWG – Deployment Availability Working Group
DEERS – Defense Enrollment Eligibility Reporting System
DES – Disability Evaluation System
DFAS – Defense Finance Accounting System
DIEMS – Date Initially Entered Service
DTAP – Disability Transition Assistance Program
DwS – Discharged with Severance
E2I – Education and Employment Initiative
ECHO-Extended Health Care Option
EFMP – Exceptional Family Member Program
EFMT – Emergency Family Member Travel
EPTS – Existed Prior to Service
eRAS – Electronic Retiree Account Statement
FLO – Family Liaison Officer
FOC – Final Operating Capability

FSA – Family Separation Allowance
FSGLI – Family Servicemembers Group Life Insurance
HDP-L – Hardship Duty Pay - Location
HFBP – Hostile Fire Pay
HOS – Home of Selection
HYT – High Year Tenure
IDES – Integrated Disability Evaluation System
IDMP – Med Tech in Field Environment
IDP – Imminent Danger Pay
IED – Improvised Explosive Device
IET – Initial Entry Trainee
IOC - Initial Operating Capability
IPEB – Informal Physical Evaluation Board
I-RILO – Initial Review In Lieu Of
ISLRS – Inactive Status List Reserve Section
ITP – Individualized Transition Plan
ITO – Invitational Travel Orders
LAS – Limited Assignment Status
LOD - Line of Duty - (Active Duty) to determine if misconduct contributed to the illness/ injury
LOD - Line of Duty - (Reserve/Guard) determine if the illness or injury due to military or EPTS
MEB – Medical Evaluation Board
MEDCON – Medical Continuation
MFLC - Military Family Life Consultant
MHICM – Mental Health Intensive Case Manager (VA)
MOU – Memorandum of Understanding
MSC – Medical Service Coordinator
MTF – Medical Treatment Facility
NARSUM – Narrative Summary
NMCM – Nonmedical Care Managers
NMA – Non-Medical Attendant
NSI – Not Seriously Injured
OHI – Other Health Insurance
OAC – Office of Airmen’s Counsel
OEF – Operation Enduring Freedom
OIF – Operation Iraqi Freedom
OSD- Office of the Secretary of Defense
OWF – Operation Warfighter Program
PAC Pay – Pay and Allowance Continuation
PASBA – Patient Administration Systems and File Statistic Activity
PCM - Primary Care Managers
PEB – Physical Evaluation Board
PEBLO - Physical Evaluation Board Liaison Officer
PDRL - Permanent Retirement Disability List – Section 1201
PTSD - Post Traumatic Stress Disorder RI – Reporting Identifier
RAMP – Recovering Airman Mentorship Program
RCC – Recovery Care Coordinator
RI – Reporting Identifier
RSM – Recovering Service Member

RTL – Regional Team Lead
RTD – Returned to Duty
SAFPC – Secretary of the Air Force Personnel Council
SCAADL – Special Compensation for Assistance with Activities of Daily Living
SI – Seriously Injured
TAP – Transition Assistance Program
TAMP – Transitional Assistance Medical Program
TBI - Traumatic Brain Injury
TDRL - Temporary Disability Retired List –Section 1202
TLD – Temporary Limited Duty
TOP – Tricare Overseas Program
TOPA – Tricare Operations and Patient Administration
TSGLI – Traumatic Servicemember’ Group Life Insurance
SBP – Survivor Benefit Plan
SCAADL – Special Compensation for Assistance with Activities of Daily Living - Active Duty
SG – Surgeon General
SGLI – Servicemembers’ Group Life Insurance
SMC – Special Monthly Compensation
SRB – Selective Reenlistment Bonus
VASRD – VA Schedule for Rating Disabilities
VBIED – Vehicle Born Improvised Explosive Device
VR&E – Vocational Rehabilitation and Education
VSI- Very Seriously Injured
VSO – Veteran Service Organization
WTU – Warrior Transition Unit
WIA – Wounded in Action
WII Cell – Wounded, Ill and Injured Cell

Figure 15. AFW2 Directory – Care Management Branch (RCCs highlighted in yellow)

TEAM	RANK	SERIES	LAST NAME	FIRST NAME	TITLE	AOR (Other Supporting AD Locations Only)	DSN	Comm Phone	Cell	E-MAIL ADDRESS
	GS-13	101	Wilson	Scott	Chief, Non-Medical Care Branch		665-4367	(210) 565-4367	(210)632-4367	scott.wilson.42@us.af.mil
US	Contr		Walling	Bryan	Regional Team Lead		665-2719	(210) 565-2719	n/a	bryan.walling.1.ctr@us.af.mil
	Contr		Iniguez	Cynthia	Case Manager		665-2714	(210) 565-2714	n/a	cynthia.iniguez.3.ctr@us.af.mil
	Contr		Fletcher	Nicole	Case Manager		665-2301	(210) 565-2301	n/a	nicole.fletcher.2.ctr@us.af.mil
	Contr		Snyder	Robert	McChord	Fairchild	382-8580	(253) 382-8580	(253) 307-6120	robert.d.snyder.2.ctr@mail.af.mil
	Contr		Irvin	Jean	Malmstrom	Malmstrom	632-4284	(406) 731-4284	(406) 836-0593	jean.irvin.1.ctr@us.af.mil
	Contr		Mondloch	Keith	Mt Home	Mt Home	728-7415	(208) 828-7415	(208) 783-4276	keith.mondloch.1.ctr@us.af.mil
	Contr		Hernandez	Johnny	Elmendorf	Elmendorf	317-580-5180	(907) 580-5180	(907) 301-0143	johnny.hernandez.7.ctr@us.af.mil
	Contr		Johnson	Cisco	Hickam	PACAF	315-448-0126	(808) 448-0126		cisco.johnson.1.ctr@us.af.mil
	Contr		Jones	Beau	RAF Lakenheath	All UK Bases	314-226-5043	011-44-1638-52-5043	Not Supplied	Beau.Jones.2.ctr@us.af.mil
	Contr		Kimball	Kathleen	Rsmetsin	USAFE except for UK region	314-479-2560	93-0637146-2560		Projected Gain, 3 Oct 16
SW Region	Contr		Lyons	Mike	Region Team Lead		665-4058	(210) 565-4058	n/a	lyons.lyons.1.ctr@us.af.mil
	Contr		Davis	Kristy	Case Manager		665-2488	(210) 565-2488	n/a	kristy.davis.1.ctr@us.af.mil
	Contr		James	Yicki	Case Manager		665-2712	(210) 565-2712	n/a	yicki.james.3.ctr@us.af.mil
	Contr		Farisz	Brandy	Case Manager		665-2332	(210) 565-2332	n/a	brandy.farisz.1.ctr@us.af.mil
	GS-7	201	O'Donnell	Greg	PAO Intern		665-1938	(210) 565-1938	(340) 257-9440	greg.o.donnell.1.ctr@us.af.mil
	Contr		Williams	Darron	Holloman	Fort Bliss	572-7239	(575) 572-7239	(575) 415-0540	darron.williams.3.ctr@us.af.mil
	Contr		Cherry	Jennifer	Kirtland	Cannon	246-3289	505-615-3289	505-615-0709	jennifer.cherry.1.ctr@us.af.mil
	Contr		Oldham	Michael	Luke	Davis-Monthan	896-7522	(623) 856-7522	(480) 223-2386	michael.oldham.3.ctr@us.af.mil
	Contr		Manzan	Jason	Nellis	Creech, Edwards	682-1780	(702) 652-1780	(702) 421-1640	jason.manzan.ctr@us.af.mil
	Contr		Beaulieu	Kenneth	Hill	Hill	586-9322	801-586-9322	(801)866-5274	kenneth.beaulieu.1.ctr@us.af.mil
	Contr		Wimmer	Mike	Travis	Beale	350-5615	(707) 816-5615	(707) 471-8418	myron.wimmer.1.ctr@us.af.mil
	Contr		Taylor	Liz	USAF A	Buckley, FE Warren	333-5282	(719) 333-5282	(719) 313-1844	liz.taylor.1.ctr@us.af.mil
	Contr		Schwald	Roderick	Peterzon	Schriever, Cheyenne, Fort Carson	No office line	No office line	719-208-1097	roderick.schwald.1.ctr@us.af.mil
	Contr		Jones	Georgio	Vandenberg	March, Los Angeles	275-1819	(805) 605-1819	(805) 717-8050	georgio.jones.2.ctr@us.af.mil
NC	Contr		Ahern	Brian	Region Team Lead		665-1427	(210) 565-1427	n/a	brian.ahern.1.ctr@us.af.mil
	GS-7	201	Graham	Chiquita	PAO Intern		665-2575	(210) 565-2575	n/a	chiquita.graham@us.af.mil
	Contr		Yarney	Selena	Case Manager		665-0298	(210)565-0298	n/a	selena.yarney.1.ctr@us.af.mil
	Contr		Hough	John	Ellsworth	Ellsworth	675-7795	(605) 385-7795	(605) 786-3959	john.hough.3.ctr@us.af.mil
	Contr		Leyrer	Jeff	Grand Forks	Minot	362-6182	(701) 747-6182	(701) 335-9505	jeff.leyrer.1.ctr@us.af.mil
	Contr		Dawson	Todd	Offutt	Offutt	271-3184	(402) 234-3184	(402) 885-0731	aaron.dawson.7.ctr@us.af.mil
	Contr		Clark	Adrienne	Wright Patterson	Wright Patterson	787-9784	(937) 257-9784	(937) 701-2348	adrienne.clark.2.ctr@us.af.mil
	Contr		Dunwiddie	Cathy	Wright Patterson	Wright Patterson			(262)857-7094	cathy.dunwiddie.3.ctr@us.af.mil
	Contr		Welch	Jennifer	Scott	Whiteman	576-4455	(618) 256-4455	(618) 377-1618	jennifer.welch.3.ctr@us.af.mil
TEAM	RANK	SERIES	LAST NAME	FIRST NAME	TITLE	AOR	DSN	Comm Phone	Cell	E-MAIL ADDRESS
SC REGION	Contr		O'Connors	Charlie	Region Team Lead		665-5648	(210) 565-5648	n/a	charles.oconnors.ctr@us.af.mil
	Contr		Dachina	Kathy	Case Manager		665-4371	(210)565-4371	n/a	kathleen.dachina.1.ctr@us.af.mil
	Contr		Washington	Dawn	Case Manager		665-3504	(210) 565-3540	n/a	dawn.washington.ctr@us.af.mil
	Contr		Melahn	Lic	Barksdale (out 6 weeks)	Barksdale	781-0062	(318) 456-0062	(318) 286-5879	cheleah.melahn.2.ctr@us.af.mil
	Contr		Morotini	Debra	Dyess	Goodfellow, Sheppard, Ft Hood	461-5368	(325) 696-5368	(325) 201-8408	debra.morotini.ctr@us.af.mil
	Contr		Frits	Russ	Lackland	Loughlin	554-7574	(210) 292-7574	(210) 441-9278	russ.frits.1.ctr@us.af.mil
	Contr		Wood	Rodli	SAMMC	Randolph	429-8056	(210) 316-8056	(210) 834-7810	cornelius.wood.1.ctr@us.af.mil
	Contr		Albini	James	Little Rock	Little Rock	731-1193	(501) 387-1193	(501) 422-9676	james.albini.1.ctr@us.af.mil
	Contr		LeGree	Tony	Tinker	Altus, McConnell, Vance	852-6430	(405) 582-6430	(405) 435-9411	tony.legree.1.ctr@us.af.mil
NE REGION	Contr		Connell-Stubbbs	Franca	Region Team Lead		665-4931	(210) 565-4931	n/a	franca.connell-stubbbs.ctr@us.af.mil
	Contr		Chambers	Becky	Case Manager		665-5539	(210) 565-5539	n/a	robecca.chambers.1.ctr@us.af.mil
	Contr		Janier	Ben	Case Manager		665-1555	(210) 565-1555	n/a	benjamin.janier.1.ctr@us.af.mil
	Contr		Trezler	Donald	Dover	Dover	445-3060	(302) 677-3060	(302) 535-1875	donald.trezler.1.ctr@us.af.mil
	Contr		Curtis	Jennifer	Hanscom	Hanscom	845-2757	(781) 225-2757	(603) 552-7844	jennifer.curtis.2.ctr@us.af.mil
	Contr		Sandifer	Denise	Andrew	AFDV	858-8148	(240) 857-8148	(703) 872-9034	tamara.d.sandifer.ctr@mail.af.mil
	Contr		Roth	Suzan	Langley	Langley	575-3531	(757) 225-3531		sroth@afsc.com
	Contr		Vaccarella	Louann	McGuire	McGuire	650-9326			lvaccarella@afsc.com
	Contr		Franklin	Theda	WRNMMC	WRNMMC	463-0153	(301) 400-0153	(703) 405-3721	theda.m.franklin.ctr@mail.af.mil
SE Region	Contr		Johnson	Ronald	Region Team Lead		665-1402	(210) 565-1402	n/a	ronald.johnson.45.ctr@us.af.mil
	Contr		Davies	Donna	Case Manager		665-2713	(210) 565-2713	n/a	donna.davies.1.ctr@us.af.mil
	Contr		Thompson	Tamara	Case Manager		665-0235	(210-565-0235	n/a	tamara.thompson.1.ctr@us.af.mil
	Contr		O'Connor	Denise	Eglin	Tyndall	875-9254	(850) 883-9254	(850) 333-9666	denise.oconnor.1.ctr@us.af.mil
	Contr		Lofria	Joe	Hurlburt	Hurlburt	579-4416	(850) 884-4416	(850) 307-7732	joeph.lofria.ctr@hurlburt.af.mil
	Contr		Ivory	Randall	HQ AFRC/Robins	Ft Stewart	437-1288	(478) 327-1288	(478) 234-3688	randall.ivory.1.ctr@us.af.mil
	Contr		Ritter	Corinne	MacDill	Patrick	651-8999	(813) 827-8999	(727) 515-2874	corinne.ritter.ctr@us.af.mil
	Contr		Griggs	Tim	Maxwell	Columbus, Keesler	433-3339	(334) 353-3339	(334) 207-7929	tim.griggs.1.ctr@us.af.mil
	Contr		Sanderzon	Jeanette	Pope	Seymour Johnson	424-1445	(910) 334-1445	(252) 503-1826	jeanette.bradyson.ctr@us.af.mil
	Contr		Bagnato (Bohannon)	Ivette	Shaw	Charleston, Ft Gordon	365-6371	(803) 895-6371	(803) 968-4704	ivette.bagnato.ctr@us.af.mil
	Contr		Ransom	Dsn	Moody	Robins, Ft Stewart	460-3112	(229) 257-4211	(228) 224-2061	daniel.ransom.1.ctr@us.af.mil
	GS-11	101	Hinojosa	Gina	NW/OS Regional Program Manager (RPM)		665-5650	(210) 565-5650	n/a	gina.hinojosa.1@us.af.mil
	GS-11	201	Sanzone	Thomas	SC Regional Program Manager (RPM)		665-4410	(210) 565-4410	n/a	thomas.sanzone.1@us.af.mil
	GS-11	201	Escobedo	Candace	SW Regional Program Manager (RPM)		665-1387	(210) 565-1387	n/a	candace.escobedo.2@us.af.mil
	GS-11	101	Gonzalez	James	NE Regional Program Manager (RPM)		665-5649	(210) 565-5649	n/a	james.gonzalez.6@us.af.mil
	GS-11	101	Holdipp	Sharon	SE Regional Program Manager (RPM)		665-5196	(210) 565-5196	n/a	sharon.holdipp.1@us.af.mil
	GS-11	201	VACANT		NC Regional Program Manager (RPM)					
	GS-12	101	Martinez	Debbie	ARC Cell		665-4976	(210) 565-4976		deborah.martinez.3@us.af.mil
	GS-11	201	Salinas	Al	TDRL Enhancement (RPM)		665-2554	(210) 565-2554	n/a	alberto.salinas.1@us.af.mil
	GS-12	201	Jones	Wayne	Care Management		665-4365	(210) 565-4365		wayne.jones.10@us.af.mil

Figure 16. AFW2 Directory – Management, Support and Program Subject Matter Experts

RANK	SERIES	LAST NAME	FIRST NAME	TITLE	DSN	Comm Phone	Cell	E-MAIL ADDRESS
Lt Col		Vivians	Jilene	Chief, Warrior Care Division	665-1556			jilene.vivians@us.af.mil
GS-13	201	Gonzales	Marsha	Chief, Warrior Support Branch	665-4413	(210) 565-4413	(210) 240-0456	marsha.gonzales.1@us.af.mil
Contr		Flores	Raul	Contractor PM	665-4064	(210) 565-4064		raul.flores.5_ctr@us.af.mil
Contr		TM Trice	Verna	Training Lead	665-7314	(210) 565-7314		verna.tmtrice.2_ctr@us.af.mil
Contr		VACANT		Training Analyst				
GS-12	101	Jasso	Tony	Adaptive Sports Team Lead	665-5265	(210) 565-5265	(808) 777-7442	juan.jasso@us.af.mil
GS-11	201	Foster	Troy	Adaptive Sports Program Manager	665-3672	(210) 565-3672	(210) 861-7192	troy.foster.3@us.af.mil
Contr		Jordan	Justin	Adaptive Sports Program Coordinator	665-0265	(210) 565-0265		justin.jordan.10_ctr@us.af.mil
Contr		Galloway	Rhoden	Adaptive Sports Program Coordinator	665-0215	(210) 565-0215		rhoden.galloway.3_ctr@us.af.mil
Contr		VACANT		Adaptive Sports Program Coordinator				
Contr		Moffett	Aaron	Adaptive Sports Program Coordinator	665-3243	(210) 565-3243	(517) 285-2661	aaron.moffett_ctr@us.af.mil
Contr		VACANT		Communications and Outreach Coordinator	665-4872	(210) 565-4872		
Contr		VACANT		Outreach, Communications & Marketing	665-	(210) 565-		
Contr		Spraberry	Shawn	Communications & Outreach	665-2117	(210) 565-2117	(210) 240-6823	shawn.spraberry.1_ctr@us.af.mil
Contr		Francis	Rachel	Communications & Marketing	665-0731	(210) 565-0731	(714) 224-2593	rachel.francis.2_ctr@us.af.mil
Contr		Leighton	Sarah	OSD MASPC	665-3012	(210) 565-3012		sleighton@afsc.com
Contr		Rays	Jessica	OSD MASPC	665-2472	(210) 565-2472	(512) 788-0394	jessica.rays_ctr@us.af.mil
GS-12	101	Hart	Nicole	Employment Development Program Mgr	665-4412	(210) 565-4412	(702) 575-7702	nicole.hart@us.af.mil
GS-11	101	McCullum	Felicia	Employment Development Coordinator	665-0804	(210) 565-0804	(210) 263-1550	felicia.mccullum.3@us.af.mil
Contr		Leiwig	Michelle	Employment Development Coordinator	665-3660	(210) 565-3660	(210) 842-8532	michelle.leiwig.1_ctr@us.af.mil
Contr		Chaney	Tina	Employment Development Coordinator	665-3938	(210) 565-3938		tina.chaney.1@us.af.mil
Contr		Kupcho	Bob	Employment Development Coordinator	665-	(210) 565-		bkupcho@afsc.com
Contr		Espinosa	Moses	Employment Development Coordinator	665-5227	(210) 565-5227		moses.espinosa_ctr@us.af.mil
GS-12	201	Gullion	Robert	IT/Special Programs Mgr	665-5651	(210) 565-5651		robert.gullion.1@us.af.mil
GS-11	201	Markovitch	Deanna	SCAADL Program Mgr	665-0931	(210) 565-0931		deanna.markovitch.2@us.af.mil
Contr		Cantu	James	SCAADL Program	665-2631	(210) 565-2631		james.cantu.4_ctr@us.af.mil
Contr		Lepper	Derrick	IT/Data Management	665-2808	(210) 565-2808	(701) 500-1190	derrick.lepper.1_ctr@us.af.mil
Contr		McCandless	Brandy	IT/Data Management	665-4860	(210) 565-4860	(808) 285-9788	brandy.mccandless.2_ctr@us.af.mil
Contr		Figueroa	Monica	Program Support Coordinator/Office Management	665-4839	(210) 565-4839	(210) 774-0945	monica.figueroa.1_ctr@us.af.mil
GS-11	101	Martinez	Jose	RAMP Program Mgr	665-4605	(210) 565-4605	(210) 286-7501	jose.martinez.5@us.af.mil
Contr		Hartman	Rachel	RAMP	665-0680	(210) 565-0680		rhartman@afsc.com
GS-11	101	McGough	Tonya	Caregiver Program Mgr	665-5326	(210) 565-5326	(229) 834-8191	tonya.mcgough@us.af.mil
Contr		Williams	Kelli	Caregiver Specialist	665-4410	(210) 565-4410		kwilliams@afsc.com
GS-12	201	VACANT		WII Cell Coordinator/FLO/EFMT Program Mgr				
GS-11	101	Butler	Doug	WII Cell Coordinator/FLO/EFMT Program Mgr	665-2480	(210) 565-2480		douglas.butler.1@us.af.mil
Contr		Newton	Laura	WII Cell/FLO/EFMT Case Mgr	665-5021	(210) 565-5021		laura.newton.1_ctr@us.af.mil
Contr		Witherspoon	Valencia (Reney)	WII Cell/FLO/EFMT Case Mgr	665-4867	(210) 565-4867		Projected Gain Oct 16
GS-14		De Garmo	Jeffrey	WII Cell/FLO/EFMT Case Mgr	665-4868	(210) 565-4868		jeffrey.degarmo_ctr@us.af.mil
Contr		Scott	AJ	VA Liaison	665-2921	(210) 565-2921		andrew.scott@va.gov